Clinical Remarks

ON A CASE OF

LARGE CYSTIC BRONCHOCELE CURED BY IODINE INJECTIONS.

Delivered at the London Hospital.

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THE particulars of this case, one of some interest, on which I desire to make some clinical remarks, have been furnished me by Mr. James Adams.

Emily G——, aged fifty-four, a widow, was admitted into the hospital on February 20th, her home being at Long Milford, in Suffolk. About fifteen years previously she noticed a swelling towards the left side of the thyroid cartilage. It grew very slowly; but about five years before admission its rate of growth increased very much; and when first seen on February 20th, the tumour, which was smooth, and fluctuating towards its anterior and lower part, occupied the lower two-thirds of the anterior triangle of nearly all the posterior, causing the circumference of the neck opposite the most prominent part of

the tumour to measure 19 inches. Towards the outer and posterior part an artery, apparently equal in size to the external carotid, being quite superficial, could be seen and felt running upwards towards the angle of the jaw; numerous small veins were also visible. The swelling ascended when the patient swallowed, showing its connexion with the larynx.

On Feb. 25th, the tumour was tapped, and seventeen ounces of reddish serous fluid were drawn off, reducing the size to 16 inches. No constitutional disturbance followed, but by March 16th the size had increased to 18 inches. It was then again tapped (about fourteen ounces of dark bloody serum being removed), and injected with about one drachm and a half of compound tincture of iodine (Ph.) and water, mixed in equal proportions, which merely caused a smarting for about an hour.

The following day the tumour had returned nearly to the size it had before the tapping and injection.

On Friday, March 26th, the tumour, having again increased to 18 inches, was tapped, but only a small quantity of fluid drawn off. It was injected with the compound tincture of iodine undiluted, about a drachm and a half being thrown into the sac, and left there. No pain or uneasiness was felt in it until the evening of the following Monday, when she had pain in the head, giddiness, and much fever; and on the following day the tumour became hot and painful, and measured 19 inches.

In a few days the constitutional disturbance subsided; the tumour being first treated with a poultice, and subsequently ice was applied. Although the general symptoms became less, there was considerable dysphagia, and the tumour increased in size, and on April 12th measured 20 inches, and was very red at its anterior and lower part. She could then swallow only fluids.

April 14th.—Tumour (now measuring 20½ in.) was more painful, very hot, and the skin œdematous at the posterior part, which now fluctuates distinctly; no appetite nor sleep; pulse 120. It was now determined to let out the fluid. The sac was first punctured with a trocar, and then opened freely with a scalpel, letting out about twenty ounces of fluid, which afforded immediate relief. The fluid consisted of an opaque liquor, containing altered blood-discs and compound granule-cells. A drainage-tube was then introduced, and in a few days the discharge became purulent, thick, of a greenish colour and offensive odour.

30th.—The tube was still kept in, and the discharge was copious. Protruding through the wound, there was seen an apparently ordinary slough, but upon withdrawal it was found to be a firm membrane folded on itself—being, in fact, the wall of the cyst. After this the discharge continued, though somewhat lessened in quantity and more healthy in character. The general health was very good. The circumference of the neck was reduced to 15½ in.

June 3rd.—Still discharging from the original opening, a little to the right of which there was a prominent fluctuating swelling, which was opened and several ounces of pus let out. During the next four weeks two other small collections of pus became prominent, and were opened, discharging pus.

July 22nd.—The general health was now quite restored; there was no dysphagia, and the appetite was good. The circumference of the neck was now only 14½ in. There were three or four small openings in the anterior part of the remainder of the tumour, which was firm and painless. These openings discharged a little thin fluid, and were occasionally touched with nitrate of silver.

She left the hospital on the 30th, the tumour decreasing in size, and being so much diminished as to occasion very little deformity. Two of the sinuses were closed, but one continued to discharge a little. There was scarcely any swelling in the neck, and the patient was discharged cured.

The morbid changes in the thyroid gland producing the swelling called bronchocele are of two kinds: hypertrophy of the natural structure, the common and well-known form of the disease; and the development of a cyst, the case related being a marked example of the latter. Cystic bronchocele is a much rarer form of the disease than hypertrophy of the gland. It occurs at all ages after puberty. The cystic formation is generally single, and it differs further from hypertrophy in being limited almost invariably to one lobe of the gland. When the cyst acquires a large size, the glandular structure becomes obliterated by pressure. The seat of the disease, however large the cyst may be, is rendered obvious by its connexion with the larynx. When the patient swallows, the tumour moves up with the windpipe; and in this way cystic bronchocele is easily distinguished from the cysts formed in the areolar tissue of the neck, called "hydrocele of the neck." A large cystic bronchocele is a serious disease, not only on account of its producing an ugly tumour and great deformity in a conspicuous part of the body, but also from its liability to press on the trachea and œsophagus and to obstruct these passages. Gooch, an old surgical writer, whose works are now seldom read, but who has recorded many interesting and remarkable cases, mentions one case of cystic bronchocele in which the trachea was compressed and contracted by the cyst. Some similar cases, in which deglutition and respiration were impeded by a cyst in the thyroid gland, will be found in a paper in the *Archives Générales* for 1837. A cystic tumour in the thyroid gland, however, does not always grow to a large size. Whilst still small, it may remain stationary and cease to increase. Some years ago I removed from the dead body a small cyst in the right lobe of the thyroid evidently of very old standing, for it is encased in bony deposit, forming a complete osseous sac. The specimen is in the London Hospital museum. When the cyst remains small, no surgical interference may be called for; but in the case of Emily G—— the tumour had attained a great size and was steadily enlarging, so that the patient became very anxious for something to be done in order to get rid of it.

The cure of cystic bronchocele may be effected in three ways: by excision, seton, and injection. Dr. Beck, of Fribourg, who published some cases of cystic goitre in 1836, treated three of these by excision. Two were cured, one after severe inflammatory symptoms; the third was doing well, when low fever ensued, and the patient died of pyæmia. The circumstance that an artery of great size passed over the outer part of the cyst precluded my thinking of excision in G——'s case. Besides, the disfiguring, long cicatrix remaining after excision constitutes an objection to this operation. The seton is an effectual mode of treating this disease. Maunoir, of Geneva, in a memoir published in 1825, gave an account of

four cases of large thyroid cysts which were cured by seton; and Mr. Spencer Watson lately showed to the Pathological Society a woman with a large cystic bronchocele, which interfered with respiration and deglutition, and which he was treating successfully in this way. Injections of iodine act so well in the cure of serous cysts that I was induced to try them in G——'s case, especially as the sac was by no means thick. The second injection caused active inflammation, followed by suppuration and separation of the cyst. The result, however, was satisfactory in effecting a cure of the disease. The rapid increase of size after inflammation had set in interfered seriously with deglutition, so that the patient was unable to swallow any solid food. This was quickly relieved by a free opening into the cyst made by the house-surgeon, Mr. James Adams. Suppuration in a cyst of so large a size, and near so many important structures, is not altogether free from danger. There is a preparation in the museum of St. Bartholomew's Hospital of a large cyst of the thyroid gland, which inflamed and enlarged rapidly after tapping, and the patient died rather suddenly, suffocated. The cyst had burst, and discharged its contents into the pharynx and larynx. The same thing happened in Gooch's case. The patient expired suddenly in consequence of the cyst inflaming after being incised, and opening by ulceration into the trachea. Injections of iodine are certainly not so well adapted as the seton to the cure of cases where the cyst is much thickened. There is another advantage in the seton over injections—that it is free from the risk attending the rapid enlargement of the cyst and the confinement of matter, which proved fatal in the cases just alluded to, as there is always an outlet for the escape of fluids. So that, upon the whole, I regard the seton as the more valuable plan of treatment, and the one most generally applicable to these cases.

ON SOME SOURCES OF FALLACY IN THE DIAGNOSIS OF PHTHISIS.

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(*Concluded from page 699.*)

WE now turn to a consideration of some circumstances which may lead to a fallacious opinion that phthisis is absent, when it really exists.

In the first place, it must be borne in mind that there is no pathognomonic physical sign of any stage or condition of tubercular deposit in the lungs. The process by which we arrive at the diagnosis of phthisis is a reasoning one of some complexity. It is true that in the ordinary diagnosis of flagrant cases several members of this argument are suppressed. Indeed, so commonly is this done that many persons never know how many or what links there really are in the chain. But a want of this knowledge is certain, on some occasions, to lead to avoidable error. Imperfect as our science of diagnosis must be admitted to be, I see more mistakes made through the imperfection of the individual using it than through the imperfection of the science itself. I cannot avoid remarking here that formal logic is often most derided by those who have most need of it. And this contempt is often excused by reference to some of those quasi self-evident propositions which are given in illustration of the syllogistic form. It is just as if one were to sneer at arithmetic because the fact that two and two make four might be given as an illustration of one of its rules. There is no such test of the accuracy of our premises and the correctness of our conclusions as the reduction of an argument to the form of a syllogism. Were this done, how many things in medicine which are supposed by the mass to be proved would turn out to be merely probable in a higher or lower degree.

Some of the most important signs of phthisis, and, indeed, those of which we most commonly avail ourselves in practice, are moist sounds, rattles of various kinds at the apex of the lung. Connected with these there are several sources of fallacy; and as these signs are those most often actually used, so these fallacies are those which most often lead astray. In the first place, moist sounds, of whatever kind, even at the apex of lung, and there only, are *per se* no evidence of phthisis at all. Their value as evidence depends entirely upon the perfection of the chain of argument of which they are, it is true, a most valuable link. One peculiarity of these sounds, which careful persons do not neglect to ascertain, is their permanency. It is curious how, day after day, we may examine a chest and find always there the same click or the same mucous râle. They are not permanent because they are directly produced by tubercle, for they are not; but by mucous secretion, of which, indeed, the tubercle, which is permanent, is the immediate cause. This is very far from being a distinction without a difference. The truth is, that in not a few cases these, reputed permanent, râles occasionally disappear, and we then lose a very important element of our diagnosis. A little consideration of the causes of this occasional absence will enable us in many cases to secure the assistance which their presence really affords us.

In the first place, it often requires a full, free inspiration to develop them, even when the mucus is present in sufficient quantity. Thus, in feeble, stupid, or nervous persons, it may be impossible to obtain sufficient respiratory freedom unless their circulation and respiration are so quickened by exercise as to compel them to breathe freely, whether they will or no. It is clear that such persons should not be examined in bed only.

The formation of the upper portion of the chest in some persons causes so much murmur, from pressure on the subclavian by the stethoscope, as to be a real source of embarrassment and difficulty; but it can scarcely be termed with propriety a source of fallacy.

In another class of cases the removal of mucus from the chest, which, as we know, is common after rising in the morning, is so complete that none is left to produce a rattle. In such cases it is clear that we avoid a great source of fallacy by examining the patient in bed, before the morning expectoration has occurred. The practical lesson we draw from these two classes of cases is that, in doubtful cases, where the history, symptoms, or appearance of the patient suggest the probability of latent phthisis, we should invariably abstain from pronouncing him to be free from it till we have had an opportunity of making careful examination under different, and indeed, as nearly as may be, opposite circumstances.

Another practical lesson of almost equal importance is that, in examining a case of suspected phthisis, we should listen to each side during ordinary respiration before making the patient take forced or deep inspirations; and again we should be careful, when the patient does take a forced inspiration, to listen first to the lung which we more strongly suspect to be the seat of disease, lest, while we are listening to the sound side, the forced respiration should have removed the mucus, and with it the morbid sounds it produces, from the diseased lung. On the other hand, if we hear a moist rattle at the apex, we must not forget that it is not impossible to have mucus there, and there only, in a non-tubercular lung. But then it is not likely to be there constantly, or even frequently.

It is principally from considerations of this kind that the wisdom of the following axiom becomes apparent—viz.: "Never pronounce an opinion upon a case of supposed phthisis without more than one examination."

There is another reason for observing the precautions above mentioned. I entertain no doubt that in some cases of early phthisis some auscultatory phenomena—for example, feeble inspiratory murmur, possibly also semi-bronchial breathing—depend upon collapse of the lung. This collapse is capable of being removed by forced respiration; and we may thus deprive ourselves of valuable information, which, if it did not justify us in pronouncing the case to be absolutely one of phthisis, would, at all events, guard us against the opposite danger.

The muscular murmur is certainly sometimes a source of fallacy, imitating, as it may do, abnormal respiratory sounds; it is also a source of fallacy in the diagnosis of heart disease. In the case of the lungs, we should be careful to listen attentively to the muscular murmur whilst the patient abstains from breathing; we shall by that means be able to estimate its real amount, and we shall not afterwards find much difficulty in disentangling it, if I may use the expression, from the genuine breath-sounds.

The information afforded by auscultation and percussion is so precise, and commonly so full, that the necessity for occasionally supplementing it by other means is not so generally recognised as it ought to be. The thermometer has of late been made serviceable in this respect.

In acute phthisis the stethoscopical phenomena are inadequate to establish the diagnosis, at all events for some time. I have consequently known of instances where the practised eye of a physician unskilled in the use of the stethoscope has recognised the true nature of the case, which a skilled stethoscopist, relying solely on his instrument, has failed to do. It

is scarcely needful for me to say that I have no desire to depreciate physical diagnosis, but only to point out that in this special class of phthisis it is a source of fallacy if it be too exclusively relied upon.

In some cases of senile phthisis, too, from the general diffusion of the tubercle, the stethoscopical signs are chiefly those of bronchitis, and an implicit reliance upon them leads to error.

In such cases as these the thermometer is a more reliable guide than the stethoscope. But it must not be forgotten that it too requires to be read by an instructed mind, and not merely by the eye. False inferences may be deduced from thermometrical as from other observations. The following is an illustration. A man was found during convalescence from small-pox to have an unduly high temperature, without evident cause; the inference of tuberculosis was drawn. He left the hospital, and passed from under notice. About twelve months after he was seized with symptoms of paralysis, and admitted into hospital under my care. He shortly became comatose, and died. On dissection we found a chronic abscess of the brain, and one also of the spleen, which was, indeed, converted into a bag of pus. His body was quite free from tubercle. It is well known that before we draw from the temperature any inference with regard to tubercle, we must first of all exclude, amongst other things, the possibility of local suppuration. Whether the error in this case was avoidable or not I have no means of judging. If it was not, it points out a source of fallacy in the thermometrical diagnosis of phthisis. It is of importance to note briefly that some cases of cancer of the lung are with difficulty to be distinguished from phthisis, and that as there is such a thing as cancerous hectic, a too exclusive reliance upon the thermometer may lead us widely astray, as I have in one instance found.

The microscope has lately been made more available for the detection of phthisis, and it will afford us invaluable assistance in cases where the stethoscope fails. For example, in cases of what is called "latent pleurisy," no amount of purely stethoscopical skill will avail us; the physical signs of pleurisy drown those of phthisis. Indeed, I think that an expert stethoscopist, trusting, as there is danger of his doing, too implicitly to his ear, is more likely to be deceived than a less skilled person trusting to his common sense, and judging from the general appearances and history of the patient.

It has long been known that in phthisis the lung is disintegrated, and that portions of it are expectorated. It has also been long known that these fragments of lung-tissue can be identified by the microscope. But the difficulty of discovering them, even in cases where we might be certain that they were present, from their being inextricably mixed up with mucus and pus, has prevented the microscopical diagnosis of phthisis being as much employed as it ought to have been.

We are, therefore, deeply indebted to Dr. Fenwick, who has suggested a plan of treating the expectoration, which enables us to find the fragments of lung-tissue, and place them in the field of the microscope with as little trouble as it costs us to demonstrate tube-casts in the urine. This facility of manipulation will doubtless lead to a much more frequent employment of this means of supplementing and correcting the information derivable from other sources in cases of supposed phthisis. We shall probably before long have an opportunity of ascertaining from a multiplicity of observations the exact value of this particular method of investigation. That it, like the stethoscope and the thermometer, has its own peculiar sources of fallacy we may well expect to find. If so, it will the better teach us the necessity of correcting one kind of evidence by another, and that accuracy of diagnosis requires care in observation, caution in deduction, and withal modesty, remembering that to err is human.

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THE

EPIDEMICS OF TYPHUS AND CHOLERA IN LIVERPOOL.

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(*Concluded from p. 702.*)

THE cholera invasion in this town in 1866 presented a striking opportunity for studying its nature. There had not been any cholera since 1854, a period of twelve years; but diarrhœa, and especially infantile diarrhœa, had been largely in excess for some time, causing in three years respectively 604, 847, and 1016 deaths. Of these, 556, 750, and 924 were in children under three years of age. The deaths from diarrhœa in the December quarter of 1865, and the March quarter of 1866, were rather more than double the usual average of those quarters, having been together 318, as compared with 157 of the same quarters, 1864-5. This great increase of diarrhœa previous to an outbreak of cholera has been often noted before, though its precise relation to the approaching epidemic has not as yet been satisfactorily determined. An increased mortality from diarrhœa, far above the average, continued all the time that cholera prevailed, and subsided simultaneously with it.

The source of the outbreak of cholera in Liverpool was clearly traceable to the German emigrants. An increasing stream of these had been arriving here from various parts of Holland for embarkation to America, great advantages for adopting this route having been added to those already existing. A splendid line of steamers in connexion with it made special arrangements for the transit of the emigrants from their own country to Hull, and from thence to Liverpool. Thousands availed themselves of this route.

Early in March, 1866, reports reached England of the increase of cholera in different parts of Holland, where, as well as in Sweden, Denmark, and Friesland, it had been lingering for several months. The cold of a severe winter had only checked its active development for a time, but not destroyed it. The emigrants, on their arrival in Liverpool, generally remained a day or two waiting the sailing of the steamer, and during that time were lodged at the different German boarding-houses. Five vessels left this port between the 28th of March and the 15th of May, carrying upwards of 4000 emigrants, of whom 2240 were Germans. Six days after the sailing of the first, the *England*, cholera broke out on board, and carried off 92 of its passengers. A similar fate happened to the next, the *Virginia*, the deaths numbering 105. So again with the *Union* and *Peruvian*, the deaths in each being 34 and 182; but with the *Helvetia*, the third in the order of sailing, the outburst of the disease occurred within twenty-four hours of the vessel's leaving the Mersey, instead of six or eight days, as in the other ships. She returned to Liverpool in consequence, arriving here on the 4th of May, being less than forty-eight hours from the time of sailing. Great precautions were at once taken to prevent the further spread of the disease, but still 26 of her passengers died on board the ship *Jessie Munn*, which had been fitted up as an hospital for the sick, 9 at the depôt at Birkenhead, to which many of the apparently healthy had been removed, and 11 at the Liverpool workhouse. Of these latter 4 had been on board the *Helvetia*, and 7 were emigrants who had not been on board, but were intending passengers by that vessel or the *Peruvian*, which sailed subsequently. Thus far the disease was limited to the passengers and crew of the vessel, and those in immediate communication with them. It has since been ascertained that in each of the steamers the cholera began amongst the German emigrants, so fixing most clearly the *origo malis* with them.

The powerful influence of heat, with filth and overcrowding, in vivifying the germs of a latent disease, was never more clearly shown as one vessel after another left the Mersey with its human freight closely packed away. Many hundreds of vessels have sailed with as large a number, and having had, perhaps, less attention paid to their comfort and convenience, and yet have arrived at the end of their voyage with no epidemic on board, clearly showing that, though the predisposing causes existed in rank abundance, the germ to be vivified was wanting. The food of these poor Germans bore a very prominent part in conveying the disease. Not trusting to the diet which, according to the contract, is provided for them, it is their general custom to prepare beforehand a large quantity of saur-kraut and other messes, and stow these away for use during the voyage. It is on these articles of diet that probably the spores of the cholera fungus rested, and, becoming developed by favouring surrounding conditions, produced the disease when taken into the stomach.

An interval of five weeks now elapsed between the sailing of the *Helvetia* in May, about which time the last case of cholera in connexion with that vessel occurred, and the reappearance of the disease among the inhabitants in July. It was a singular coincidence that cholera then showed itself simultaneously in London and Liverpool—namely, on July 2nd. In the latter place it manifested itself in a crowded court, under conditions the most favourable for its spread. Its progress from that time I need not relate; the graphic picture given by Dr. Trench in his report needs no words of mine to deepen its

colours or point its necessary results. The holocaust of victims offered up was indeed sad. The germ carried by food, air, or water, and bursting into life wherever it met the necessary conditions—and these are found in most abundance in the courts and small streets, the haunts, or rather fever dens, of Liverpool, where typhus had revelled in previous years,—carried off, in all, 1760 of our population in a space of little more than four months.

Dr. Trench states that he was unable, after the most careful inquiry, to trace any connexion between the first case of the new outbreak and any of the previous sufferers in May. The variety of ways in which this relationship may have existed are, however, innumerable. The cheaper kinds of fresh fish are a very common cause of the propagation of cholera, when epidemic. These are hawked about the streets and courts during the summer months, and constitute the staple article of food among the poorer classes. Fish, when half putrid, as they often are, become well fitted to render active the germs of any poison floating in the air, when deposited upon them. This has often been noticed as one of the sources of cholera, and some striking illustrations are on record. Several of the cases which occurred in Liverpool in 1866 seemed to originate in that way.

The history of the outbreak of cholera in 1853 in Liverpool was precisely similar to that of 1866. In August, 1853, the first case of cholera in Liverpool occurred at an emigrant boarding-house, the patient being a German who had arrived from Hamburg a week before. He recovered. His wife and two children were subsequently seized, and they also recovered. But a fellow-passenger who had come with them from Hamburg was attacked a week after, on Aug. 30th, being just a fortnight from the time of his leaving that place. He died in twenty hours. Other cases continued to occur among the emigrants from time to time, and the parallel to 1866 is still further exemplified by the appearance of the disease on board the Liverpool and New York packet-ships *Silas Greenman* and *Emma Field*, whilst lying in the river with Irish and German emigrants. Another vessel of the same line, meeting with an accident off the coast of Ireland, was compelled to put back to the Mersey; and in the short interval which elapsed from the time of her sailing to her return, fifty of the passengers, mostly Germans, died of cholera. In addition to these vessels, nine others left Liverpool during August and September, 1853, with passengers of the same nations; and in each ship cholera broke out, resulting in a total of 250 deaths before they arrived at New York. The disease made its first appearance among the Germans in almost every ship. In 1853, the cholera was limited in Liverpool to these emigrants, and a few of those in immediate and constant communication with them at the lodging-houses or at the workhouse sheds. November had come, and atmospheric changes must have arrested its progress, for it was not till May, 1854, that it reappeared, and then among the inhabitants, causing, from May to November, 954 deaths. But in 1866, owing most likely to the different season of the year, only five weeks (from May to July) intervened before it became, as it were, indigenous in Liverpool—long enough to give probability to the idea that a certain length of time, as well as other circumstances as yet unknown, are required before the poison becomes active among the natives of the new country to which it has been brought. The history of the progress of each epidemic of cholera from India to Europe, and the length of time that has often elapsed before it broke out in a country on the borders of which it has hovered for some time previous, tend to confirm this view.

The conclusions of the Cholera Conference held last year were that the disease has its birthplace and permanent seat in the district of India chiefly comprised within the valley of the Ganges; and that its after-propagation is solely due to transmission by man himself. Accepting the place of its birth as conclusively established, Dr. Tytler's opinion of its origin in a disease in rice, so strenuously advocated by him in 1833, is most likely true. He had witnessed its outbreak in August, 1817, at Jessore, which is given by many as the date and place of its origin; but it is more probable that it then for the first time raged with a virulence and through an extent of country that it had never done before, but which has happened several times since. The facts adduced by Dr. Tytler are of the most forcible kind. Not only was he an eye-witness of the scenes which then occurred, but also as the medical officer in charge of the district in which it broke out, and upon whom devolved the whole responsibility of combating it, he had such opportunities of studying its nature that the very decided conviction forced upon his mind almost exacts our belief. When he promulgated his opinion in London, sixteen years afterwards, the great number of additional facts observed in the interval in the history of cholera seemingly impossible to reconcile with his theory of its origin, together with his further assertion that the cholera in England and other countries was also directly produced by the eating of diseased rice—a statement proved to be wholly untenable,—led to his theory being disbelieved and forgotten. The repeated outbreaks which have since been studied, investigated, and recorded, bring us back to the question whether, after all, Dr. Tytler was not right, and whether all we now know of the seeming vagaries of cholera, of the rise and progress of successive epidemics, of the symptoms it produces, and of the appearances found after death in its victims, cannot now be made to accord with his theory. Add to this, also, what we have since learnt of the history of the most primitive forms of animal and vegetable life, and it does seem probable that there is a mysterious connexion between these latter and rice leading to the production of cholera in its home and birthplace in India. Its spread to other countries may take place without the medium of rice.

The disease in India appears to arise from eating the red rice, in the tunic of which the poison resides; and this tunic, called by the natives *kun*, or *koora*, is always separated from the grain by them because it produces, even when not diseased, purgative effects. The blight attacks this tunic during very wet seasons, and if the rice be eaten new, when the tunic is not so easily removed, it gives rise to choleraic symptoms. In some seasons of excessive moisture, and when other peculiar conditions of the atmosphere prevail during the growth of the rice, it is attacked by a blight, which is, in fact, a fungus, whose habitat seems limited to a certain district of India, the spores of which, falling upon the rice-seed when the latter is impaired in its nutrition, and in consequence presenting many cells defective in organisation, find a nucleus or cell possessing sufficient vitality to develop their still lower organisation, though insufficient to protect itself against their action, or even for its own further development.

The very nature of a healthy cell consists in its possessing two qualities—the perfect power of reproducing itself, and of being innocuous to the attacks of the invisible germs of animal or vegetable life floating around it. Or it may be expressed thus: as long as a cell possesses the power of reproducing itself it is innocuous to the attacks of the invisible germs of animal or vegetable life floating around it. Let it but fall below this standard, and though its vitality is insufficient for its own reproduction, it may yet for a short moment previous to its dissolution into its ultimate elements possess sufficient vitality for the growth of cells of a lower organisation than its own, if these are then brought in contact with it. It seems to me to be immaterial whether we use the terms animal or vegetable life, for here we are on the border-land of the two, and it may ever remain impossible to define to which belong organisations so minute. Naturalists and botanists have not yet decided what constitutes animal as distinguished from vegetable life in developments of a higher order than these; therefore of the lowest form of organic life it can only be said it possesses one property, reproduction.

Cholera having taken its rise in India from the eating of diseased rice, and its symptoms being produced from the entrance into the human stomach of poisonous cells or organisms having a distinct vitality, which needed only contact with other appropriate cells for their rapid germination and the production of a train of symptoms, the most constant of which are vomiting and purging—efforts of nature to throw off the materies morbi,—we can follow Dr. Snow's views of the mode of communication of cholera; and in the dejecta thus cast off, containing as they do quantities of the poisonous germs, we find the simplest explanation of its subsequent propagation. These germs would, through the habits of the people, their want of cleanliness, and other facilities, attach themselves to food, and enter the stomachs of one or more healthy persons about the patient. Great numbers would thus become victims to the disease. Again, drinking-water contaminated by these dejecta would carry the germs to other and distant places. In this country several illustrations of this method of conveying the poison into the system have now been put on record. I need only refer to Mr. Radcliffe's carefully conducted inquiry into the cause of cholera in London in 1866, as given in Mr. Simon's report to the Privy Council, and to Mr. Ely's investigations at Chatham, also in 1866.

But there is a third very probable mode of conveyance—that these poisonous cells do, at the seasons of their greatest activity, attach themselves to other higher organisms, and may by them be carried great distances, and even across seas. The seasons when the powers of vegetation are in their greatest

vigour, and when, too, the minutest forms of animal life are the most active and the air teems with life, are also the seasons when cholera prevails in its greatest intensity. Then it is that the dejecta of a cholera patient, thrown upon the open ground, may have the poisonous cells they contain carried off by the infusorial or vegetable germs floating about them. These latter become the depositors of the poison on food or water in distant places wherever they may be transported by the wind, or travel in congregated masses along a current of air. The following instances will illustrate this:—In 1848 the frigate *Undaunted* left the port of Canton. On her passage through the China Sea a number of her crew were suddenly attacked with Asiatic cholera. This continued for several days, when the surgeon recommended the captain to change the course of the vessel, which being done, the malady immediately ceased. The disease had not been prevailing at the place which the vessel had left. May not the poison have then been travelling on the minute invisible spores of some vegetable life which were being carried across in a steady current of air from one coast to another? In the centre of this current the vessel happened to steer for a time.

Again, when the cholera visited Dumfries, at its first appearance in this country, a vast cloud was observed one evening to hang over the town, in one sense stationary—that is, it remained in the same place, but every particle of it seemed to be in motion. The next day cholera broke out in the town, and raged with extreme virulence. This phenomenon was not merely observed by few, but was generally noticed, and many who witnessed it still live to corroborate its truth. Was not this a cloud of insects, thousands of which might have had the spores of the cholera fungus upon them (then prevailing in the country), and lighting upon articles of food, left, wherever they did so, the germs of the poison?

The blue mist so often spoken of, and said to be seen previous to an outbreak of cholera, may really have a foundation in fact.

There are many other points in connexion with cholera, especially the symptoms and post-mortem appearances observed, that I would have wished to adduce in support of the views here given, but I have trespassed so much on the columns of THE LANCET, that I must now hastily conclude, and would do so by expressing my conviction, in reference to one of the propositions set forth at the beginning of the paper, that while so much remains to be made clear as to the etiology of diseases, and especially of such diseases as cholera and typhus, their treatment will always remain unsatisfactory; and until we exalt into the first place the causes of disease, and make those the subjects of our deepest thought and most careful inquiry, we fail to rise to the comprehensiveness of our calling, which to meet with true success requires us thoroughly to understand the origin, as well as the characteristics of the enemies we have to deal with, before we decide upon the weapons with which to meet them.

Liverpool, Dec. 1867.

ON A CASE OF ABSCESS BENEATH THE ROOT OF THE TONGUE.

By ROBERT CUFFE, Esq., M.R.C.S.

On March 16th, 1867, I was called to A. B——, a strong, well-built, and healthy man, about thirty-five years of age, a livery-stable keeper, of not very temperate habits, and found him unable to swallow, the tongue being greatly swollen, and partially protruding from the mouth. A slight swelling was perceptible behind the angle of the left jaw. He breathed quietly through the nostrils, and his speech was imperfect. These symptoms came on suddenly, the patient being in his usual health the day previously. I called in my partner, Dr. Spooner, who continued to attend the case with me. We ordered a purgative mixture, a linseed poultice to the throat, and the vapour of warm water to be constantly inhaled.

March 17th.—He has passed a restless night, the pain and discomfort of breathing having prevented sleep. The swelling of the tongue had not diminished; it was dry, and of dark colour, the tip being turned upwards and backwards. It was with the greatest difficulty that he could swallow a particle of fluid. Inhalation and warm fomentations were continued. He was ordered a mixture of tincture of muriate of iron with chlorate of potash, and an enema of beef-tea and gruel.

18th.—Ten A.M.: We found the swelling still undiminished. The patient was sitting up in bed, with an anxious countenance, but breathing quietly. The mouth could not be closed, for the tongue, which, with the parts beneath it, was inflamed, and more swollen than the day previous, with a profuse discharge of saliva, was pressed against the hard palate, and overfilled the cavity of the mouth. The patient was complaining of a deep-seated aching in the tongue. Speech was unintelligible, and his discomfort was extreme. He was obliged to explain himself by writing on a slate. Although there was a history of pain having been felt about the left side of the lower jaw, no tenderness or fulness of any kind existed below the inferior maxilla, with the exception, indeed, of a sense of deep-seated tenderness, not severe, on pressing firmly against the thyroid cartilage. On examining the fauces, which were with difficulty reached with the fingers, they were felt to be free from swelling, and the soft palate was in a natural condition.—Half-past nine P.M.: I consulted Mr. Callender, of St. Bartholomew's Hospital, who made a most careful and searching examination. At the left upper and back part of the tongue a considerable elevation of its tissue led to the suspicion of matter being present there, and a few drops were, we believe, let out by puncture with a curved bistoury, giving the patient temporary relief, probably from the attendant bleeding.

19th.—He had passed a restless night, was depressed, anxious, and complaining still more of deep-seated pain in the tongue. He now for several days had been quite unable to take food or drink, and at times breathed heavily, with difficulty, and with a sense of impending suffocation.

On further examination of the swollen parts, there was scarcely any evidence to indicate a centre for the disease; but observing that the entire tongue was lifted up, as if some pressure existed from below, and taking into consideration the brief duration of the illness, it was thought desirable to explore the parts beneath the tongue, in the hope of finding amongst them some collection of matter. Mr. Callender accordingly divided the mucous membrane between the tongue and the left bicuspid tooth, and then pushed a stout director inwards, backwards, and downwards, for about one inch; but without any result. He then reintroduced the director, and, with the exertion of some force, pushed it back towards the root of the tongue for a distance of rather more than two inches, when a quantity of pus flowed quickly up the groove, and escaped externally. The patient felt at once relieved, and the next morning could swallow pretty well. A probe had to be introduced occasionally to ensure the ready outlet of the matter. In a few days the patient was comparatively convalescent, and able to resume his usual avocations.

Mr. Callender observed that it was most unusual to have an abscess form beneath the base of the tongue and in front of the epiglottis, as must have been the case in this instance, as proved by the distance of the pus from the surface of the floor of the mouth, and by the direction of the probe downwards and backwards. There was no pointing or tendency to point; and the absence of all local symptoms from the region below the jaw was an important feature in the case, showing that the matter was walled in below and laterally by the mylohyoid and hyoglossus muscles of either side.

It is obvious that the plan employed in searching for and opening the abscess was the only one that could have been adopted. It would not have done to have cut deeply from the inside of the mouth, and there was no symptom to guide to and to justify an incision below the jaw, through the parts connecting it and the tongue with the hyoid bone.

Guildford-street, Russell-square, 1867.

ON THE MANUFACTURE AND PROPERTIES OF CARBOLIC ACID.

By F. CRACE CALVERT, Esq.

As the employment of carbolic acid is daily becoming more extensive, not only as an antiseptic and disinfectant in private dwellings, as well as for public purposes, but also as a therapeutic agent, I hope that it will prove interesting to many of the readers of THE LANCET to obtain an outline of the properties, not only of pure carbolic acid, but also such qualities as are best suited for its application as an antiseptic and disinfectant.

Although carbolic or phenic acid, or phenic alcohol (in fact, the latter is the most appropriate name for this substance, as its properties are not those of an acid, but that of an alcohol), was discovered in 1834 by Runge. Still, it remained in nearly complete oblivion until 1841, when Laurent re-examined some of the chemical properties of this substance, and devised the following method of extracting it from certain coal-tar products. His process consists in submitting the light oils of tar to a fractional distillation, and then treating with a concentrated solution of potash the products, which distil at a temperature between 320° F. and 392° F., separating the alkaline solution from the hydrocarbons which float on it, and then neutralising the alkali by an acid, which liberates the carbolic acid.

Such was Laurent's method of preparing carbolic or phenic acid, but pure carbolic acid was there in only small proportion; it was, in fact, a mixture composed chiefly of different liquids similar in properties and composition to carbolic acid; and although Laurent succeeded in obtaining solid carbolic acid, still the process devised by him was too expensive to answer on a manufacturing scale, and, besides, his method of operating was too complicated.

In the year 1857, I was called upon to investigate the matter, and find a cheap and practical process for obtaining carbolic acid in considerable quantity, this substance being required to produce a variety of colours that had just been discovered as obtainable from it, and the manufacture of which still continues.

From that date up to 1864, myself and partners (F. C. Calvert and Co.) continued to make improvements in the purification of commercial carbolic acid until we succeeded in obtaining large quantities of an acid similar in properties to that obtained by Laurent in his laboratory.

From this time I made many efforts to draw the attention of the medical profession to the really remarkable therapeutic properties of carbolic acid; but the tarry and sulphuretted odour which it still possessed was a serious obstacle to its application. I soon succeeded in overcoming this difficulty, and towards the end of the year 1864 our firm was in a position to deliver in considerable quantities carbolic acid deprived of sulphuretted compounds, and therefore fit for all medicinal uses. But I am glad to say that the series of improvements in the manufacture of pure carbolic acid, or phenic alcohol, did not stop there; for towards the end of last year I discovered a process which now enables me to present a product completely deprived of all disagreeable odour and tarry flavour, and in fact as pure, though extracted from tar, as if it had been produced artificially by the help of the reactions recently discovered by Messrs. Wurtz and Kékulé, based upon the direct transformation of benzine into carbolic acid, or by the well-known changes by which it may be obtained from salicylic acid or nitro-benzoic.

This new phenic or carbolic acid, which crystallises in white prismatic crystals, which are usually sold in a white, hard, fused mass, is distinguished from Laurent's in being soluble in 20 parts of water, whereas the latter requires 33. It is fusible at 106° F. instead of 93° F., and boils at 359° instead of 367° F.; but it gives, like Laurent's, the blue colour described by M. Berthelot, when mixed with ammonia; and to the solution is added a small quantity of a hypochlorite; the same effect is also produced when you expose to the vapours of hydrochloric acid a chip of deal soaked in this pure carbolic acid.

This acid is so pure, and so free from any objectionable flavour, that it should always be used as a therapeutic agent for all internal and dental purposes.

The second quality of carbolic acid which is manufactured, and which is identical in properties to that first described by Laurent—that is to say, a white solid substance, having a fusing point of 93° F., as above stated—can be used with advantage for all external applications, either medical or surgical, as its peculiar tarry taste is of no importance for such applications.

The third quality of carbolic acid which is now manufactured, and which will now be used extensively throughout her Majesty's fleet, presents itself in white detached crystals, which have a fusing-point of about 81° F. This quality, when dissolved in from 50 to 100 parts of water, gives a perfectly colourless solution, which can be used with great advantage for antiseptic and disinfecting purposes in private dwellings, hospital wards, &c.

Lastly, there is also a quality found in the trade which is a nearly colourless fluid, and is a mixture of cresylic acid with carbolic acid. This product, when diluted with 100 parts of water, or more, according to the required application, can be used with great advantage as an antiseptic and disinfectant for all out-door purposes, such as cesspools, waterclosets, drains, &c.; and as this quality has been extensively used to prevent the spread of rinderpest during the cattle plague, and also the spread of cholera in Liverpool, London, and other large towns, its demand at times has been very extensive, and therefore great temptations have been held out to unscrupulous manufacturers of the article to offer to the public a fictitious mixture. To enable purchasers to protect themselves from fraud, the following test is supplied on the authority of Mr. W. Crookes, F.R.S.:—

"Commercial carbolic acid is soluble in from 25 to 70 parts, or in twice its bulk, of a solution of caustic soda; while oil of tar is nearly insoluble.

"To apply these tests—

"1. Put a teaspoonful of the carbolic acid in a bottle; pour on it half a pint of warm water; shake the bottle at intervals for half an hour, when the amount of oily residue will show the impurity.

"2. Dissolve one part of caustic soda in ten parts of warm water, and shake it up with five parts of the carbolic acid.

"As before, the residue will indicate the amount of impurity. These tests are not given as having any pretension to scientific accuracy, but as affording persons who are desirous of using carbolic acid a rough and ready means of seeing whether or not they possess the right article."

P.S.—I deem it my duty to call the attention of the medical profession to the fact that drying oils, like linseed oil, have the property of absorbing, with great rapidity, oxygen, and may thereby be the means of conveying oxygen to wounds, and thus produce irritation, if not inflammation. We therefore advise the employment of sweet olive oil only, or still better, of glycerine.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Procemium.

ST. BARTHOLOMEW'S HOSPITAL.

THREE CASES OF NECROSIS.—A CASE OF FIBROUS TUMOUR ON THE TONGUE.

(Under the care of Mr. PAGET.)

SURGICAL interference on account of death of bone is probably the most common of all operations. In some respects it is the most interesting. There is no condition in which surgical art may be more happily exhibited. Well-timed exploration may save months, nay, sometimes years of suffering; and if the question be asked as to the proper time for interference, there are probably few surgeons who would not agree that it is better to be too early than too late in our efforts to remove sequestra. Delay but too often surrounds the dead piece of bone with a dense growth of new osseous tissue, which renders extraction very difficult.

We saw on Saturday last at this hospital three patients placed upon the operating-table in succession, each of whom had portions of dead bone which Mr. Paget wished to remove. The circumstances of each case differed.

The first was an unhealthy-looking lad, of apparently fourteen or fifteen years of age. The lower part of the right leg and also his ankle were swollen and boggy, whilst over the outer malleolus were apertures through which pus was discharged. It seemed that five weeks previously this boy had broken his fibula just above the outer malleolus. The fracture was a simple one, and had been properly put up. The boy, however, instead of keeping quiet, had walked upon the broken limb, with the result of setting up some inflammatory action in the neighbourhood of the fracture. Suppuration had followed,

abscesses had burst, hæmorrhage had taken place, and the boy's health had suffered considerably. Mr. Paget introduced a grooved director into a sinus, and made a cut upwards for five or six inches along the course of the fibula. This bone, on being exposed, was found dead in patches, varying in extent, the intervening portions presenting signs of ostitis. The external malleolus was loose, denuded of cartilage, and dead. When this was removed, pus was found evidently exuding from the ankle-joint. Mr. Paget then made a vertical cut over the inner malleolus, where there were evident signs of matter. When the joint was opened, a large quantity of creamy pus poured out. These signs of disorganisation made it only too evident that amputation was the sole remaining chance for the lad. It was necessary, however, that this should be for the moment deferred, as neither the patient nor his friends had been prepared for such a result. The wound was therefore filled with lint steeped in perchloride of iron, and the boy removed. There had evidently been in this case inflammation of bone, which had extended to the ankle-joint.

The next patient was a man past middle age, who seemed to have come in for more than his share of the common evils of our lot. He had lost the left leg and the right eye. He stated that Mr. Paget had removed the former five or six years ago for mischief which arose out of a scratch. Nothing more definite than this could be ascertained. He was now suffering from necrosis of the lower jaw. His chin was enlarged; the skin thickened, and presenting two or three sinuses which wept a little matter. Mr. Paget, introducing a director through these, could feel bare bone, and, as it seemed probable that this was loose, he determined to try and remove it. He first extracted one or two teeth, and endeavoured to get at the bone through the mouth; but this was not practicable. He then opened up a sinus under the chin, and getting hold of the dead bone with the sequestrum forceps, he tried to dislodge it; but by no effort could he accomplish this. It was a good illustration, Mr. Paget remarked, of the difficulty—nay, impossibility sometimes—of determining beforehand whether bone is loose or not. There is no rule in such cases. Separation may take place very rapidly, or be long deferred. On the whole, he thought it was the more rapid when the inflammation had been most acute. Such a case as this, he said, had not unfrequently brought dentists into most unmerited disgrace. Inflammation of bone and consequent necrosis had followed the removal of teeth, and had been most erroneously attributed to this operation. In all probability the loosening and decay of teeth which had necessitated their removal had themselves resulted from the inflammation of bone, instead of having caused it.

A young man was now placed upon the table whose right leg had been amputated in its upper third by Mr. Paget in February last. A portion of tibia in the stump had died; and, two or three weeks since, Mr. Paget had removed some of this dead bone, leaving, however, another part which was not yet loose. On the present occasion, having cut down upon the necrosed part, he succeeded in removing two small sequestra, which he hoped were all that had to come away. The probability is that the man's stump will heal now that the source of irritation is no longer present.

The preceding patients had all been kept under the influence of chloroform by Mr. Langton. To the next one none was administered. She was a girl, who, on putting out her tongue showed upon its dorsum, near the base and to the right of the mesial line, a tumour the size of a large pea or small bean. This was hard to the touch. It was variously diagnosed by some of the staff, who examined it with their fingers, as calcified sebaceous tumour, shrivelled hydatid, or fibrous tumour. The last opinion proved to be correct. Mr. Paget seized it with forceps, and having divided it into halves with a bistoury, it was easily turned out. It was white, dense, and fibrous in structure. Mr. Paget remarked that he had once before met with a similar case.

WESTMINSTER HOSPITAL.

INJURY TO THE HEAD FROM A FALL; RECOVERY.

(Under the care of Mr. HOLTHOUSE.)

IN the "Mirror" for Nov. 9th we published notes of a case of injury to the head, under Mr. Holthouse's care, in which an ataxy of articulation resulted, and continued after the patient's general health was restored. In the present instance it will be observed that slight symptoms of aphasia were apparent, but gradually disappeared, the patient entirely recovering from the injury to his head. There are points in the case which it is interesting to note. In the first place, it seems pretty certain that the man fell from exhaustion, and perhaps giddiness—not from apoplexy, or there would have been more or less persistent paralysis for a length of time. As regards the diagnosis of the lesion and its locality, it would seem possible that there was a fracture extending from the right parietal eminence—the point struck—to the petrous bone of the same side, giving rise to the hæmorrhage from the right ear. From the occurrence of aphasia, it is probable that the left anterior cerebral hemisphere was damaged by *contre-coup*. There may have been bruising, slight laceration, and hæmorrhage of its posterior part, near to the Sylvian fissure. It is to be noted that though the patient ate and drank well, and articulated to a certain extent, he could not protrude his tongue. This inability, which is rare in simple hemiplegia, is not uncommon in aphasia. Other interesting points in the case are, the patient's mental retrocession to childhood life, and the calls of this man of fifty-five for his mother. We saw a case of aphasia from softening the other day at the National Hospital for Epilepsy and Paralysis, where the patient, an old man, when asked by Dr. Buzzard where he lived, gave as his address a residence which he had quitted twenty-five years ago.

Alex. D——, aged fifty-five, was admitted into the Westminster Hospital on Jan. 4th, 1867, in a semi-conscious state, in consequence of a severe blow on the right side of the head eighteen hours previously. According to his wife's account, he had suffered from chronic cough and dyspnœa for some years, and on ascending the stone steps to his rooms he was observed to be much out of breath on reaching the top (only eight steps), and then to stagger and fall down heavily, striking the right side and back part of the head over the right parietal eminence. He lay where he fell, and, on being picked up, blood was flowing from a scalp wound about three quarters of an inch in length, in the situation above described, and also from the right ear, and it continued to flow from the latter for twelve hours. For the first hour after the accident he was rational, but after that he began to talk incoherently, and made no rational reply to questions, but raved the whole of the night and was much excited. Half an hour after the accident he had a very copious evacuation of the bowels, and about midnight was slightly sick, vomiting chiefly a little frothy mucus. On removing him from his room to come to the hospital, his nose burst out bleeding, and continued to bleed till his arrival there, when it ceased.

When seen an hour after admission, he was lying on his left side, with the knees drawn up, and breathing quietly; skin tolerably warm; pulse small and feeble. There was no bleeding from the scalp wound or from the ear. When questioned, he answered, though not relevantly; but when asked if he had pain in the head, said "Yes." There was no unnatural heat of the forehead. Ordered low diet.

Jan. 5th.—No disposition to coma, but rather to restlessness and incoherent talking. When asked a question, always responds, but the response is no answer, but not unfrequently "Yes," or some irrelevant ejaculation.

6th.—Lying with his eyes open, and looking intelligent, but talking a good deal to himself, chiefly about getting up. He frequently calls out "Mother," though his mother has been dead many years, and he is not in the habit of addressing his wife thus. When spoken to, he still answers, or rather articulates something quite irrelevant to the question. When told to put out his tongue, he opens his mouth, but will not, or probably cannot, protrude it. His countenance does not express suffering or intra-cranial mischief. His skin is moist and warm, and he takes a moderate amount of nourishment. His pupils are in a medium state, and act under variations of light. Pulse feeble, 78. He passes urine voluntarily, and his bowels have not acted since his admission.

7th.—Passed a restless night, moaning, and getting up and down in his bed. He lies indifferently on either side, but seems to prefer being on his back with the trunk slightly raised and his head leaning against the wall. Though he still answers only "yes," or "oh dear!" to nearly every question, and cannot put out his tongue, he is evidently conscious of what is said to him, and explains by his hand that he has pain on the top of his head. His bowels acted well yesterday. He makes his wants known. Pulse 78, soft and feeble. A blister to be applied at back of neck.

8th.—The blister rose well. He passed a better night, and this morning is decidedly improved; the pain in the head is relieved, and he answers questions rationally for the first time. Thus, on asking him if his head was better, he said "Yes,

better." He is still, however, unable to put out his tongue, though he opens his mouth immediately when told to do so.

9th.—Passed a bad night; very restless, and suffering much from dyspnœa; but the improvement in the mental condition continues; he is free from pain in the head, and says he shall get better. Pulse stronger and fuller, 78. Still unable to put out his tongue; deglutition perfect. Scalp wound nearly healed. Ordered compound spirits of sulphuric ether, thirty minims every four hours, if necessary.

10th.—Better, but still does not answer readily unless the word is suggested to him. When asked "How are you?" he mumbled something indistinctly; but when asked "Are you better?" he answered "Better," and then voluntarily followed up the response by saying "I've more reason." Still he does not always appear to comprehend what is said. On telling him, for instance, to put out his tongue, he made no effort to do so, though it was repeated three times; but if the questioner put out his own tongue, the patient immediately opened his mouth and tried to do the same, though without success. He had a very good night.

12th.—Decidedly better. When asked "How are you?" he replied "Very queer;" but is now able to put out his tongue. Pulse 84, with power. His cough is now the principal ailment.

23rd.—Convalescent, and about; there having been no relapse in the head symptoms since last note. He suffers only from the chronic chest disease.

29th.—Discharged.

ST. GEORGE'S HOSPITAL.

A CASE OF SOFTENING OF THE BRAIN, WITH APHASIA.

(Under the care of Dr. OGLE.)

THE patient whose case is detailed below, from notes kindly supplied by Dr. Reginald Thompson, medical registrar, used to walk about the ward in a restless and vacant manner for several days after his admission, during which time we saw him more than once. His power of voluntary movements, taken in connexion with the extensive softening which was discovered after death, is an interesting point. He presented a good example of atactic aphasia, accompanied by amnemonia, of which a number of instances are given in Dr. Ogle's excellent paper on "Aphasia and Agraphia" in the lately published volume of "St. George's Hospital Reports."

Charles H——, aged thirty, was admitted on the 7th of October last. He was a groom in the Chantilly stables, and had been sent over from France the day before his admission into the hospital. No history was obtained, and he was incapable of giving any account of himself. He could say "yes" and "no," and one or two short French words; but generally he talked gibberish, and answered questions quite unintelligibly. He could not give his name; and would not, or could not, write. He could not protrude his tongue; he could walk well, and fed himself properly with both hands; looked melancholy and hopeless. On close examination, there seemed to be some paralysis of the right side of the face, which was a little drawn, and not so mobile as the left; pupils large. At the apex of the heart a very soft sound was heard accompanying the first sound. He was ordered calomel and senna, and two drachms of the solution of bichloride of mercury, twice a day. On the 15th he was not so well, and was troublesome and fidgety during the night. On the 16th he had two fits, in which the left side of the face and the right arm and leg were convulsed. The fits were very transient. He got noisier at night, and was reported to swear a good deal. On the 17th he had another fit; pupils equally large and much dilated. He had a succession of fits throughout the night of the 18th. From this time he became comatose, and died at noon on the 20th.

The following notes of the necropsy were made by Mr. Thos. Pick:—The body was in good condition. The whole of the middle lobe of the left side of the brain was more or less softened, the softening being greatest in the centre, but reaching the surface of the brain along the margin of the horizontal fissure of Sylvius in the temporo-sphenoid lobe. In the centre of the middle lobe the softening extended as high as a level with the upper surface of the corpus callosum; in front it extended as far forwards, possibly a little in front of the fissure of Rolando. The ventricles were full of clear fluid. The arteries were quite natural. The lungs were very œdematous and emphysematous along their free margins; the heart was semi-contracted and empty; the margin of the tricuspid valve was very slightly thickened, but otherwise the organ was quite natural. The liver was slightly congested; the spleen small and pulpy; the kidneys were full of black blood, the surface was granular, and there was slight diminution in the amount of the secreting structure.

Provincial Hospital Reports.

GENERAL HOSPITAL NEAR NOTTINGHAM.

GANGRENE OF THE KNEE, OPENING THE JOINT; DEATH.

(Under the care of Mr. THOMPSON).

WE are indebted to Mr. Thompson, junior, for notes of this case.

James G——, aged seventy-eight, a blacksmith, was admitted into the hospital on the 2nd of January, 1867. Patient states that he has always enjoyed remarkably good health until the beginning of last October, when he first noticed that his left knee felt numb and dead; there was no redness at this time, but he was unable to walk, because of pain. He says that his left foot and leg always felt cold. In November the joint became swollen, red, and very painful; and about the 10th of December, he observed a small black spot on the outer side of the knee-cap, which gradually spread, and formed a complete circle round the patella, the skin covering the patella itself being quite natural in its appearance. He never received any injury to the part, although, from the nature of his employment, he may have done so unknowingly.

Present state.—To all appearance he is a healthy-looking man for his age: arcus senilis well marked; there is rigidity of his arteries, which may be seen beating at the bend of elbows and wrists, and feel hard, and roll from under finger; pulse 76, rather weak and intermittent; heart-sounds feeble; no murmurs heard; appetite good; sleeps tolerably; the left thigh is warm; some fulness in the groin; the foot and leg feel cold, but he says they do not feel numb. Over the knee is a large slough, 6 by 5 inches in diameter; black at its outer edges, where it is separating from the sound skin, but of a purplish green colour in the centre. The limb was in a bent position, and he cannot bear it to be put straight. The foot and leg were enveloped in cotton wool, a bread poultice applied to the knee, and patient ordered to take a mixture with ammonia, chloric ether, and cascarilla.

Jan. 18th.—The slough continues to separate; the central portion over the patella being now quite dead and black. To continue treatment.

23rd.—To-day, on a portion of the slough being removed, the joint was found to be quite open, the inner condyle of the femur being quite exposed; a most offensive odour now comes from the wound. Two grains of quinine were ordered three times a day.

28th.—During the last three days he has had diarrhœa; slough continues to separate; does not complain of pain. To continue pill, and to have a chalk mixture and six ounces of wine. A small bedsore was discovered to-day on his right hip, of which he did not complain.

Feb. 3rd.—Is certainly not so well; diarrhœa has ceased. Now complains of much pain in knee, which discharges a good quantity of very fetid pus; skin hot and dry; pulse 140; tongue red and dry, brownish in centre. To repeat pill, and ammonia mixture, with brandy and eggs, &c.

4th.—Is much exhausted; takes very little nourishment; on dressing the knee, a large blister, full of dark-greenish fluid, is seen on the back of the leg.

5th.—The blister on the back of the leg has burst, and the skin beneath is black and discoloured. Patient is evidently sinking; pulse 144, weak and small; tongue dry and brown; skin cold and clammy.

6th.—Died at three A.M.

Autopsy eight hours after death.—Lungs congested, with slight inflammation of the bronchi. Heart soft, pale, flabby, and covered with fat; chambers of the heart dilated; ossific deposits were seen on the aortic and mitral valves. Atheromatous deposits in the coats of the aorta, and more especially abundant where branches were given off. The aorta at its bifurcation was quite brittle, and cracked beneath the finger.

Remarks.—The case presents two points of interest:—1st. The fact that the *knee* should have been the seat of this

disease, instead of and without any affection of the toes, as is the usual case in gangrena senilis; and 2nd, the peculiar mode in which the disease developed itself, passing round the patella, and leaving the centre portion of its natural hue and sensibility, this portion gradually being involved by the disease.

Further examination of the arteries, leg, &c., was not permitted.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, DEC. 3RD, 1867.

MR. W. ADAMS, V.P., IN THE CHAIR.

MR. BRUCE read the report of a committee on a Cretified Tumour of the Back removed by Sir Wm. Fergusson, and exhibited at the last meeting by Dr. Trimen.

A report by Dr. Marcet upon Chylous Fluid derived from the Peritoneum, exhibited by Dr. Wilks, was also read.

Dr. BASTIAN exhibited specimens of Lung and Liver showing the early stage of Fibroid Degeneration. He regarded the grey granulation as the type of tubercle; and the early stage of fibroid showed microscopic characters not distinguishable from those of grey granulation. Although the elements were alike, the arrangement was different in the two structures. They differed also in their origin, the one originating in tubercle, and the other being of much more local origin. Dr. Bastian would regard the fibroid change as one neither of inflammation nor degeneration, but rather as a substitution of a new tissue functionally inert.

Mr. W. J. SMITH exhibited the following:—1. Microscopic specimens of a Strumous Gland, of the size of a hen's egg, removed by Mr. Gay from the axilla of a healthy man forty-eight years of age, showing, first, increase of the fibrous tissue of the trabeculæ; secondly, substitution of large nucleated polymorphous cells for the proper lymph-corpuscles; thirdly, diminution of vascularity; and fourthly, fatty degeneration of the abnormal cells and the connective-tissue corpuscles of the trabeculæ.—2. Microscopic specimens from an Enlarged Tonsil, showing the new tissue to be composed of closely packed Malpighian follicles, in the interior of which can be seen an abundance of fine bloodvessels.—3. An Epidermal Cyst containing fat and hair, not congenital, removed from the chin of a man forty years of age. The hairs were rolled up round little masses of fat, and resembled in general appearance those of the man's beard. Many, however, presented, under the microscope, an unusual and fringed appearance from loosening of their cuticle.

Dr. WILSON FOX exhibited a Heart from a case of Cyanosis in a child aged four years, who up to nine months was in perfect health; but then, after an attack of bronchitis, the blueness came on. There was a considerable bulge of the chest-wall in the præcordial region, and a loud murmur. There was an open foramen ovale, and also a communication between the ventricles. The pulmonary artery was nearly closed. Dr. Fox thought the patent foramen was in the main a congenital affection, but the ventricular opening was partly due to inflammation.

Mr. MOORE exhibited, through the Secretary, a case of Recurrent Cancer of the Breast, after treatment by the injection of acetic acid. The breast had been removed, and nodules which showed themselves in the cicatrix were treated with the acid, and disappeared. On a recurrence of the disease Mr. Moore excised the whole cicatrix, which was exhibited, and referred to the Committee on Morbid Growths.

Mr. W. ADAMS brought forward a living specimen of Progressive Paralysis with Hypertrophy of Muscle in a boy, who was in an early stage of the disease. He alluded to a case of Dr. Hillier's, and to a second case under his own care, showing more advanced stages. The boy, though apparently muscular, was found to be weak in the legs, and was unable to rise from his seat or stand. The disease was progressive, and would probably end in death. The patient has a brother in a more advanced stage.

Dr. HILLIER said his patient was a boy between ten and eleven, who never walked well, and could not run. A tendency to draw up the heel had been observed; and now he cannot walk at all, and is becoming weak in the arms. The hypertrophy of muscle was not considerable.

Dr. MERYON said he had been the first to describe a form of local paralysis dependent upon rupture of the sarcolemma of muscle without fatty degeneration. The disease was of a centrifugal character, beginning in the thighs, and then affecting the legs, afterwards attacking the upper extremity. He referred to patients under his care, and whom he had exhibited to the Medical and Chirurgical Society.

Mr. LOCKHART CLARKE was strongly disposed to think that in these cases there was some central nervous lesion. He regarded the post-mortems of early cases as unsatisfactory; and, in the cases which he had examined, had found undoubted evidences of disintegration of the spinal cord. He considered the cases of Dr. Duchenne quite distinct from those of Dr. Meryon.

Dr. SCHULHOF remarked upon the difference of symptoms in the two diseases as regards pain.

Mr. NUNN made a few remarks upon the arterial supply of the affected limbs.

Dr. UVEDALE WEST narrated some particulars of the case of a child of his own who had suffered from the disease.

Sir D. GIBB exhibited some specimens of diseased Suprarenal Capsules from a patient who had discoloration of the skin. Sir D. Gibb also showed a case of Tumour springing from the Hyoid Bone, dislocating the epiglottis, and producing suffocation, from a lad of fourteen, which he concluded to be of cancerous nature.

Mr. CHRISTOPHER HEATH exhibited a large Osteosarcoma of the Lower Jaw, which he had removed from a patient who unfortunately sank from exhaustion on the sixth day. He called attention to the fact that the tumour had sprung from the interior of the bone, and was of a benign character, and that the inner lamella of the jaw was perfectly smooth and entire, as was generally the case in tumours of the kind. The vessels of the neck were never involved in such cases, and it was only to be regretted that the patient had not been submitted to an operation at an earlier date. The tumour weighed 4 lb. 6 oz., and was one of the largest of the kind. Mr. Heath showed drawings of the patient, and a wax model of the tumour.

Mr. F. MASON exhibited a specimen of Ruptured Muscle from a case of Tetanus induced by a hair-pin driven beneath the scalp.

Dr. KELLY showed a specimen of Diseased Fallopian Tubes, from a woman who had not menstruated for some time. The tubes were closed at each extremity, and the cysts were of the size of an orange. The patient died of disease unconnected with the parts exhibited.

Reviews and Notices of Books.

Statistiques Médicales des Hôpitaux de Paris, 1861-62. Paris: Paul Dupont. 1867.

M. HUSSON, the accomplished and energetic Director of the French Administration Générale de l'Assistance Publique, has just issued, as the first instalment of a work intended to be continued in a regular annual series, the two volumes of which we hasten to acknowledge the great importance to the medical profession, who, so far as this country is concerned, will find in them a subject of admiration, strongly mingled with regret that we have nothing whatever of a similar nature and scientific value to put in comparison.

In 1860, M. Husson was placed at the head of the Hospital Administration of Paris, and, having a warm regard for the advancement of science, he was soon struck by the abundance of the materials at his command for throwing light on the causes and progress of disease, and the effects of varied treatment offered by the 100,000 patients of both sexes and of different ages, admitted annually into the hospitals and infirmaries under his supervision. Prior to 1860, numerous reports had from the beginning of the present century been made, containing information more or less exact in reference to the statistics of French hospitals; but, as M. Husson observes, although very interesting, they were deficient in necessary detail, and the want of any system of co-ordination has left them isolated fragments—rough material, which may possibly be some day utilised. Firmly convinced of the importance of a system of hospital statistics, and desiring to adopt a basis which should ensure harmonious working, M. Husson lost no time in calling

to his aid a Commission, composed of fourteen of the most distinguished medical representatives of the Paris hospitals, to consider and report on the best practical means for realising the desired object. Dr. Grisolle, Physician to the Hôtel Dieu, was named President of this Commission, and with him were associated Drs. Chassaignac and Tardieu (Lariboisière), Dr. Cullerier (Midi), Dr. Guérard (Hôtel Dieu), Dr. Guillot (Necker), Dr. Beau (Charité), Dr. Hardy (Saint Louis), Dr. De Mussy (Pitié), Dr. Béhier (Beaujon), Drs. Marjolin and Bouchut (Sainte Eugénie), and Drs. Depaul and Broca of the Central Bureau. M. Tardieu, who acted as reporter of the conclusions of the Commission, acknowledges, with a graceful compliment, a communication received from an English medical statist, Dr. Steele, of Guy's, whose system of hospital records "fournit des renseignements très-dignes d'intérêt pour la médecine, la chirurgie, et l'art des accouchements."

The justification of M. Husson's design is thus expressed by M. Tardieu :—

"The mere collection of certain definite data, such as sex, age, season; the information gathered by the medical visitors in reference to hygienic conditions, professional and social, and from diseases considered in their nature, complications, duration, and termination,—the *rapprochement* of these several elements must naturally tend to elucidate the history of the causes and of the march of disease, the comparative value of a great number of surgical operations, and the general conditions of pregnancy, accouchement, and the puerperal state. The great etiological influences of sex, age, season, professional hygiene, medical and surgical pathology, operative medicine, and obstetrics, will then undoubtedly receive from medical statistics unexpected light. One such result, if it be multiplied by the number of patients during several years, is well calculated to excite the ardour of all who may be able to contribute to obtain it, and above all, of those hospital physicians and surgeons whose zeal for humanity, love of science, and indefatigable devotion, have placed so high the fame and the glory of the medical school of Paris."

The plan proposed by the Commission having been adopted, the necessary administrative arrangements for collecting and digesting the hospital returns were placed under the control of an experienced hospital *interne*, Dr. Ollivier. M. Husson needed not to apologise for delay as regards the publication of the volumes before us, which relate to the years 1861 and 1862. As the first-fruits of an elaborately conceived plan, they sufficiently attest the labour and thought which have been bestowed upon their preparation. Nevertheless, M. Husson hopes that increased executive facility will enable him eventually to publish the reports for each year at regular annual intervals.

The plan of the two volumes is uniform; but the second (1862) is the more elaborate of the two. The matter is divided into six parts, preceded by a summary table, giving general statistics of admissions and discharges in all the hospitals and infirmaries. The first four parts embrace the mortality from various causes (medical or surgical) in the general and special hospitals, the *maisons de retraite*, and the *maisons municipales de santé;* the fifth part gives the statistics of surgical operations; the sixth part specifies the age, domicile, and civil condition of the patients, and the proportion of deaths from different causes. The second volume (1862) contains many more tables than the first (1861); there is a greater subdivision of facts; many new features are introduced,—for example, statistics of resections, tracheotomy, and operations on the bladder and urethra, as well as tables for the information of those who desire to investigate the effect on the mortality of putting a large or a small number of patients together in one ward, or of the relative advantages of large as distinguished from small hospital buildings. We do not pretend to have critically examined these voluminous statistics, being content, for the present, to call attention to their publication, and to assure our readers that they will find therein abundant matter for profitable study.

In concluding the prefatory remarks, in which he commends the results of the labours of himself and colleagues to his departmental superior, the Prefect of the Seine, M. Husson presents us with a picture of Imperial providence, which cannot but create amongst the profession in England a desire which, however, is not born of envy:—"De nouveaux hôpitaux sont créés; les établissements hospitaliers existants sont eux-mêmes l'objet d'incessantes améliorations, et se perfectionnent rapidement sous le rapport de leurs dispositions intérieures et de leur hygiène, en même temps que les parties les plus pauvres de la ville voient s'élever de nouvelles maisons où la population indigente va chercher des secours et parfois des consolations."

M. Husson hopes that the work of which he has now given us two such excellent specimens will excite an emulative feeling in London, Vienna, Berlin, and all other great cities, and will thus lead to the development of a system of hospital statistics from which the medical profession in all countries will be able to derive the utmost practical advantage. The number of patients treated in Parisian hospitals is large; but if to the medical statistics for that city were added those applicable to patients in other countries differing as to climate and other conditions, how immensely would such an extension of the field of observation increase the value of the conclusions arrived at. But is there any present probability of London co-operating in so desirable a work? Looking at the apparently hopeless muddle into which the administrative functions of this metropolis have fallen, we fear M. Husson will get little assistance here, except from the individual labours of such of our hospital superintendents as take an interest in medical statistics.

The Dublin Quarterly Journal of Medical Science. No. 88. November, 1867. Dublin: Fannin and Co.

THIS well-known quarterly journal continues to represent, as ably as heretofore, the vast amount of work performed by our medical brethren in Ireland; and its "Original Communications" are, as usual, full of interest. A report of Mr. G. H. Porter's remarkable case of Subclavian Aneurism, in which the axillary and innominate arteries were instrumentally compressed, is given in detail, and, though unsuccessful, will no doubt lead to a further investigation of the subject. Dr. M'Cormac contributes a case of Injury of the Spine, with excellent illustrations; and Mr. Wilson describes some of the Morbid Conditions of the Optic Nerve. Dr. Whittle writes on Renal Diphtheria; and Mr. Smyly gives some interesting Clinical Notes, especially on cases of Paralysis dependent on Blood-poisoning. A description of the Waterford Lying-in Hospital, by Dr. Elliott; some remarks on the Distinctive Characters of Sycosis, by Dr. Belcher; and a case of Operation for Cleft Palate in a child aged five years, by Dr. Purcell, conclude this portion of the journal. The "Reviews" include notices of many of the recently published works on medicine and surgery. The "Medical Miscellany" embraces the valuable reports of the following societies: the Medical Society of the College of Physicians, the Pathological Society of Dublin, the Obstetrical Society of Dublin, and the Cork Medical and Surgical Society. Our Irish brethren have every reason to be proud of their principal medical organ.

The Physician's, Surgeon's, and General Practitioner's Visiting List, Diary, Almanack, and Book of Engagements, for 1868.

MESSRS. SMITH AND CO. have produced the twenty-second edition of their convenient Diary for pocket use. It contains, as usual, a table for calculating the period of gestation, a list of fees legally claimable by medical men, and other matters of daily interest. Its use will simplify the work and save the time of the practitioner.

ODONTOLOGICAL SOCIETY.—At the ordinary monthly meeting of this society, the President, G. A. Ibbetson, Esq., in the chair, Dr. Murie, Prosector of the Zoological Gardens, read a paper upon a "Case where Disease has ensued in the Alveolus of a Rhinoceros from the presence of a foreign body and a Case of Diseased Bone and Tooth Structure in a Bear."

THE LANCET.

LONDON: SATURDAY, DECEMBER 14, 1867.

AT length the protracted and fatiguing Inquiry into the abuses alleged by our Commissioners to have existed at the Farnham Workhouse has been closed; and nothing now remains but for the Commissioners of the Poor-law Board, Mr. LAMBERT and Dr. EDWARD SMITH, to analyse and report on the evidence to the Poor-law Board in order that Lord DEVON may give his final judgment on the matter.

It is with no disrespect to Lord DEVON that we venture to affirm that his decision in the case will have been anticipated. The evidence which has been placed before the public in the copious reports of the proceedings which the journals have furnished from day to day, has supplied them with ample materials for the formation of an independent judgment; and there can be no doubt, in fact, that the country has already made up its mind about the affair. It is quite evident that the substantial truth of our Report is admitted on all sides amongst impartial persons.

We think that we may justly claim the credit of success in a work of national importance and extraordinary difficulty. If the circumstances of the case be recalled to mind, this difficulty will at once be obvious. In the first place, our Commissioners went down to Farnham with no more preliminary information than a general statement (from two respectable sources) that the buildings and the management of the place were bad, and that something very dreadful had happened in consequence of the position of the cesspool and the way in which it was emptied. It was necessary to be content with a single visit to the workhouse, because a cleansing process was being carried out by the new master which would in a few days have obliterated the most disgusting of the traces of past neglect of cleanliness; and, moreover, because it was highly improbable that our Commissioners would be admitted a second time, especially as some hints of their opinion of the place must have been gathered by the officials. Then the information collected in the course of their visit had to be *immediately* put into a formal shape; and hence the draught report had to be written the very same evening after the documentary evidence afforded by the local newspaper reports of the inquest, the Poor-law inquiries, the treatment of the tramps, &c., had been duly studied. The freshest recollection of the facts was absolutely necessary to accuracy; and our reporter had to write his article *currente calamo* in order that the whole picture might faithfully preserve the local colour of the workhouse and its management. But the Report, though written at once, was not published till it had been submitted to the most rigorous revision by both our Commissioners, and until some further inquiries had been addressed to a disinterested witness. We did our best, then, to secure accuracy. And we doubt if it has ever happened before that a report, made under such circumstances of difficulty, has been capable of being substantiated, paragraph by paragraph, in all but the most trifling matters, by evidence given on oath, and under a fierce fire of cross-examination by counsel.

The importance of this Farnham inquiry is not to be adequately measured, however, by the mere success of THE LANCET in proving all the important points in its accusations against the system of mismanagement in a particular workhouse. That system is but a type of the state of things prevailing in hundreds of workhouses, and the true interest of the recent investigation, therefore, lies in the fact that provincial workhouses in general have been put on their trial. Setting aside the consideration of some small local questions which were debated at Farnham, we may say that the inquiry was devoted to an examination as to the sufficiency or insufficiency of the checks provided by our present Poor Law against such abuses and mismanagement as naturally tend to spring out of our system of local self-government. The answer given by the facts elicited is an emphatic condemnation of the existing machinery of inspection by visiting guardians and a paid inspector, neither of whom possess any special skill in regard to hospital matters. It is abundantly evident that the whole system has broken down, and must always break down, in the most complete and disastrous way.

It is therefore with great pleasure that we notice the remarks of Mr. LAMBERT, the Chief Commissioner from the Poor-law Board, at the close of the investigation. That gentleman stated that, whatever the decision of the Poor-law Board might be, there could be no doubt that the Farnham inquiry would produce the greatest benefit, not merely to the management of the Farnham Union, but also to that of every union throughout the country. Already, indeed, the proofs of this are visible in a hundred ways; for there is scarcely a country paper which does not comment on workhouse affairs, and announce that local authorities are being stirred up to make large changes in provincial workhouses.

While justly congratulating ourselves and the country, however, on the widespread impulse of improvement which has been given to the *management of workhouses by the guardians*, we must repeat that the matter cannot stop here. Lord DEVON must surely be convinced that it will not do to hesitate in obeying those generous impulses by which he appeared to be moved when he made his recent speech in the House of Lords. The country is now fully persuaded that the whole Poor-law system requires remodeling; and we sincerely believe that the President would encounter far less effective opposition if he proposed a fundamental change, than if he made one more effort to patch up a thoroughly rotten system. We have already, in our article of last week, indicated the only policy which, to our mind, promises to solve the problem of the management of the sick and other helpless poor. What we would most particularly desire to insist upon here, however, is the fact that no attempted reform in the direction of giving the Poor-law Board increased power over the guardians can effect the slightest good until the Poor-law Board itself is purged. It is by this time perfectly well known that the chief sources of obstruction and delay of all improvement are to be found within the precincts of Gwydyr House itself. For our own part, we are heartily tired of fighting with guardians. The battle is really too unequal, the victory too inevitably on our side; and the only object which now appears worthy of attainment is the inauguration of an entirely new Poor-law system. Surely the Ministry and the Parliament must be blind indeed if they cannot see that pauperism is assuming frightfully increased proportions, and

chiefly because the aid which the State offers to the indigent is so scandalously insufficient that it allows the existence of a distress which lacerates every compassionate heart, and opens the flood-gates of charity, through which pours a stream of almsgiving so ill-directed that its principal effect is to demoralise the previously hard-working poor. They cannot suppose that a reformed Parliament will long tolerate the monstrous anomaly of a great department of social government which is so hopelessly inefficient that nothing but constant interference and the expenditure of enormous labour by private individuals can keep it from coming to a dead-lock. Is it impossible for the present Government and Legislature to concede with a good grace, and in time to earn the blessings of the helpless poor, who form such an enormous per-centage of the population of the country, a measure of reform which will certainly be demanded each year with increasing vehemence until it be conceded?

THE affair at Mentana has awakened the attention of our own volunteers to the necessity for discipline and organisation. With the purely military aspect of the question we have of course nothing to do; but we conceive that it is scarcely possible to exaggerate the importance of an adequate and well-organised medical service and hospital system. Under the old circumstances of warfare this was a comparatively simple task, but modern methods have greatly increased the difficulties. The enormous armies which are brought into the field, the rapidity of movement which now forms so important a part of military tactics, the precision, quickness of fire, and effectiveness of the new weapons,—all these are circumstances calculated to strain the administrative capacities of those charged with the medical direction, and to test the qualities and working power, of even the best organised medical department. It would be well for our volunteers to lay these facts to heart. Of course the medical staff of that army may never be in a position where these requirements will be exacted from them; but we find the incidents of every war, and particularly those of modern times, inculcating the same lesson. It is not that our professional knowledge or our surgical skill breaks down, but it is that our medical arrangements and organisation are unequal to the strain put upon them during a campaign in the field. Not that the other departments—the Quartermaster-General's, transport, &c.—are in a position to cast a stone at the medical. But that is not the question. We want to see our way clearly to what is the best, and, seeing it, to proceed without reference to the success or shortcomings of others. If our volunteer army had to take the field to-morrow, they would find themselves face to face with difficulties which have only a very indirect bearing upon fighting, and we strongly suspect that these difficulties have never been sufficiently weighed.

Theoretically, a medical service—like every other department which is to be effective—ought to be constructed on such an elastic basis that it is capable of expansion to any amount without departing from the principles on which it is founded. It should resemble a fan: small and compact when closed in time of peace; expansive and divergent in time of war, but never so expanded as to be beyond the power of responding to the hand that directs it. One of the most intelligent of European nations suddenly found itself at war, and it achieved an unprecedented success in a remarkably short space of time. But the Prussian medical service did not come out of that war as it should have done; and this was certainly not from any lack of talent, patriotism, or energy in its members. While hundreds of men had given their most earnest attention to the construction and organisation of the army, and its being armed with a weapon like the needle-gun, and to the strategical conduct of the campaign, there were very few indeed of those who possessed power that had given any thought to the efficient organisation of their medical service. The Prussians being an eminently teachable nation, the lesson was not lost on them. They took immediate steps to provide against the recurrence of such a break-down by entirely remodeling the department, and by giving its members that increase of power which was absolutely necessary to the due discharge of their responsibilities.

A large number of wounded forms a drag and an impediment to the movement of an army in the field at all times. Do what we may, war must be attended with horrors, and the adjacent fields, villages, or towns, immediately after a great battle, will necessarily present a dismal spectacle; but with an imperfectly organised system of hospitals and an ill-disciplined medical service it must, indeed, be something dreadful. We do not seem to be approaching the end of wars, and if ever this country is engaged in one on a large scale abroad, there will be ample work for our volunteers at home. To make them a thoroughly efficient force for simultaneously suppressing attacks from within, and repelling invasion from without, the highest state of constitutional vigour in the soldiers composing that force, and a freedom for rapid movement and action, untrammeled by hosts of wounded and sick men, will be required. These things can only be accomplished by a medical and sanitary staff capable of providing against the causes of disease, and for the skilful removal, accommodation, and treatment of the sick and wounded.

WE shall take it for granted that the murder of the little girl FANNY ADAMS at Alton was committed by FREDERICK BAKER. It is no part of our duty to criticise the evidence on this point of the case. Conceding this, we have to inquire whether there is anything in the evidence which enables us to regard the prisoner with any other feelings than those of revenge and detestation, and which may suggest to the Home Secretary the propriety of seriously considering all the facts of the case before he sanctions execution. We are never in humour to be nice in regard to the legal punishment of murderers. We are disposed to approve the firmness with which the present Home Secretary has acted recently in refusing to interfere with the course of the law. There are rough coarse crimes abroad which must be repressed by a corresponding treatment. Still, it remains true that some of the most horrible acts of men are to be regarded as the result of uncontrollable impulses, the subjects of which are to be pitied rather than blamed. There is no difference of opinion among medical men as to this being occasionally true. The only difference which obtains has reference to the frequency of the case, and the application of the doctrine to individual instances. We admit at the very outset the extreme difficulty and responsibility of any attempt to use this fact in behalf of any particular murderer, especially in behalf of one whose deed has shocked a whole country.

Still, it is our duty to state this doctrine in all plainness, and to consider its bearing upon cases as they arise. The extremely horrible and unusual character of a murder is rather a reason for considering the question of unsoundness of mind than otherwise. The character of the murder, however, would count for little apart from facts in the history of the murderer and of his family. It is these which constitute the strong evidence for or against a plea of insanity, and to the consideration of them we now invite the gravest attention of our readers and of the authorities. We may say that we speak entirely on the strength of the newspaper reports of the case; but these are sufficient to show that the question of unsoundness of mind must be gravely entertained before FREDERICK BAKER can be hanged. BAKER himself was certainly, to say the least, peculiar. In early life he showed great nervous susceptibility. According to various witnesses, besides his father and sister, he was at times very unhappy, very desponding, and decidedly suicidal in tendency. One witness deposed to having prevented the prisoner jumping into the river. Mrs. KINGSTON, with whom he lodged at Alton, said she always observed how low and dull he was in spirits. He would walk about in the middle of the night; and be watched home by a policeman, who feared he would commit suicide. Such are a few particulars of the character of FREDERICK BAKER. By themselves we should not, perhaps, have thought much of them. But in connexion with his crime they cannot be ignored, and they acquire great importance when viewed in the light of his family history. All sensible medical men will ask, What is the history of this man's family? His father, four years ago, had an attack of acute mania. He was violent, and had delusions; and once attacked his son and daughter because he was under the delusion that they were endeavouring to poison him. A cousin of the prisoner's father is now an inmate of a lunatic asylum, with a homicidal tendency. Taking these proofs of family weakness in connexion with those indications of weakness displayed by BAKER from his childhood upwards, we say there is a most urgent case made out for consideration. A man may make himself weak-minded by vice, and may only provoke our censure; but a man who inherits insanity and weakmindedness, and the principal part of whose life has been spent soberly and religiously, is an object of pity and commiseration when he commits a crime whose very horribleness surpasses the comprehension of sane men, and coolly records it in his diary of the day.

We do not say that we have made out a case for exempting BAKER from capital punishment, but we think we have certainly shown reason enough why Mr. HARDY should make careful and earnest medical inquiry sufficient to satisfy his own mind that BAKER is not a man to be restrained and pitied rather than hanged. Of all legacies bequeathed from father to son unsoundness of mind is the most pitiable. Mr. HARDY may be sure of the support of the public in giving all fair weight to the evidence which goes to show that BAKER'S crime had its origin in hereditary or constitutional aberrations.

AT the last meeting of the Senate of the University of London the sub-committee on the Brown Trust was reappointed, with additional members, to discuss the mode in which the Fund should be applied to the purposes stated in the will of the testator.

Medical Annotations.

"Ne quid nimis."

MEDICAL EVIDENCE IN RAILWAY CASES.

NOTHING has a greater tendency in the public mind to weaken the confidence in Medicine as an exact science than the medical evidence given at trials for compensation for railway injuries. The newspapers of the last few days abound with reports of these cases. Without a single exception, medical testimony was adduced on the part of the plaintiff and defendant of a most contradictory character: this, too, by men of equal standing and eminence in the profession. The witness on the side of the plaintiff invariably regarded the injuries sustained as of a very serious character; whilst the witness for the defendant as invariably appeared to regard them as far less important, and less permanent in their effects. Accustomed as judge and jury are to these discrepancies, they must sometimes be utterly bewildered as to the real extent of the injuries, the compensation for which they are called upon to assess. It must be admitted that this is a most unsatisfactory mode of settling such questions: whilst in some cases the damages awarded appeared to be excessive, in other instances they were wholly inadequate. Trials of this kind rarely involve any important questions of law, the railway directors usually admitting their liability. The real issue to be determined is the amount of injury received; and a host of medical witnesses is subpœnaed by each party to prove his case. The interests of the public and the profession are deeply involved in this matter; and we shall be glad when a more satisfactory mode of arbitrating these differences is established. A great number of cases are annually settled without resort to the law; but the number of those which are submitted to a jury is alarmingly on the increase. For this in some cases the directors are at fault; in others the blame must be attributed to the plaintiff. But is the remedy for this state of things a difficult one? Certainly not. In all cases in which a legal question is involved—and, as we have said, they are very few,—by all means let them be decided in "the solemn form of law;" but when the railway company admits its liability, let the questions of injury and compensation be settled by a medical tribunal. Two or three competent practitioners appointed by Government as arbitrators would be able satisfactorily to test the evidence of medical witnesses, and arrive, in almost every instance we believe, at a fair conclusion on the matter at issue. That this must be the ultimate result we have little doubt; and it does appear somewhat remarkable that the railway interest, which is so largely represented in both Houses of Parliament, has not introduced a measure to carry out so wholesome and so much needed a reform.

DUMB MEN'S SPEECH.

WE beg to direct the attention of those of our readers who are interested in the care and education of deaf-mutes to a paper under the above title in the current number of the *Cornhill Magazine*. In it the writer gives an account of a visit paid by him to an institution in Brussels, at which the herculean task of teaching the dumb to speak—literally, and not by the manual alphabet,—is carried on, with a success which is little less than miraculous.

The principle upon which this practice is based is the utilisation of the imitative faculty which is implanted in all human beings, even the least cultivated. By patiently pronouncing emphatically again and again the several rudimentary sounds of which speech is composed before the attentive *eyes* of the deaf-mute, the teacher succeeds at length in inducing an imitation of the movements of the lips and throat which produce analogous sounds. Thus an alphabet is built up, syllables are

put together, and at length the advanced pupil is able, not only to express his thoughts, but to enter into conversation so long as he can see the lips of his interrogator. Of course the amount of labour and patience expended in effecting these results is stupendous, and, as the writer remarks, were it not for the religious element which is the animating cause of their benevolent efforts, the teachers could hardly have failed to throw up their work in despair long since.

Not the eye only is relied upon for the conveyance of the necessary instruction, for when the eye fails, as it must sometimes necessarily do, to appreciate those delicate movements of the larynx and tongue upon which so many sounds depend, the finger of the pupil is applied to the throat or mouth of the teacher, and thus the necessary information is conveyed, and the movement immediately imitated. The diagram-board, pictures, and various objects are of course useful adjuncts when the first difficulties are got over; and the more advanced pupils are able not only to converse freely in French, which they understood, but, without knowing one word of English, were able to repeat words in that language after their visitor by simply watching his mouth.

In THE LANCET of July the 7th, 1866, we called attention to the fearful prevalence of deaf-mutism in this country, as evidenced by the report of the Deaf and Dumb Asylum. At that valuable institution no attempt is, we believe, made to teach the dumb to speak, but they are educated in manual conversation with considerable success. It is needless for us to insist upon the vast difference between the position of one who has to resort to his fingers for the conveyance of ideas, and one who is able to express his thoughts in language, and to read the thoughts of others on their lips. There is we know at present a religious service organised for the deaf and dumb in London, carried on by the hands of the officiating minister. How much more impressive would such instruction be if the mouth of the preacher were to speak to the eyes and understandings, though not to the ears, of his audience.

COTTAGE HOSPITALS.

IN our impression of the 7th inst. we referred to a cottage hospital which has been established at Wirksworth, in Derbyshire, and is now rendering good service to the neighbourhood. A pamphlet has since come into our hands in which the whole subject of "Cottage Hospitals" is carefully and sensibly considered.*

Dr. Waring has visited several of these small hospitals, has consulted medical officers and others engaged in their management, and explored every source of information upon the topic. The results are set forth in a very able pamphlet, which we have read with interest, and commend to the attention of all persons who are meditating the foundation of an institution of this kind.

The basis upon which cottage hospitals are established seems to us a sound one. It is essentially a scheme of co-operation. The poor directly, the rich indirectly, derive advantages from the institution. The poor man—not, be it remembered, necessarily or even ordinarily a pauper—finds in the hour of sickness an asylum where he can secure the most perfect attendance at an expenditure corresponding to his means. The rich man, dwelling far, perhaps, from a town of any size, has the advantage of employing a medical attendant whom experience in the hospital has rendered equal to the conduct of any case which may come in his way. The country medical practitioner has at last the opportunity of taking a position to which his skill and energy fairly entitle him. It has too often happened that, with the knowledge that he was capable of managing any case requiring surgical operation, he has yet been obliged by the circumstances of his patients, the absence of hygienic arrangements, the defective nursing, &c., to decline a task which would be to his professional advantage, and has transferred the patient to the county hospital. There is no doubt that the little feeling of jealousy and suspicion with which such institutions were at first regarded is gradually passing away. Country medical men are finding that the effect of the cottage hospital is to raise their status. The importance of this to the whole profession can hardly be over-estimated. So large is the body of country medical practitioners, and so great is the influence they exert throughout the country, that they are virtually, to a very large part of the English population, the representatives of the medical profession. In the eyes of this section "doctors" in general take the form of the local medical man. He is the type of his class: his merits are carried to its credit; his demerits to its disadvantage. We are all interested, therefore, in anything which adds to his professional experience, and at the same time raises his social status. The cottage hospital does both. But there is another, and we think even greater, advantage connected with these little hospitals. They bring the medical men of the district together under circumstances where causes of jealousy do not enter. They tend most surely in this way to the production of a better feeling between the workers in a country district and towards the cessation, let us hope, of those miserable feuds which sometimes embitter the lives of country doctors, and degrade them in the eyes of the public. It is calculated that there is scope for 1500 cottage hospitals. Since Mr. Albert Napper, the originator of the movement, founded the Cranley Hospital in 1859, eighty-three of these institutions have either been actually established or are now in course of construction. So much interest is now being taken in the subject that there can be little doubt of a vast accession to this number rapidly taking place. Even as it is, the existence of eighty-three such asylums gives the best possible testimony to Mr. Napper's judgment and sagacity.

* Cottage Hospitals; their Objects, Advantages, and Management. By Edward John Waring, M.D., M.R.C.P. London: Churchill and Sons.

THE SANITARY STATE OF THE EUROPEAN FORCES IN MADRAS DURING 1866.

FROM the report of the Sanitary Commissioners for Madras for 1866, just published, we learn that out of the European army of an average strength of 11,498, there were 16,795 admissions into hospital. The average number of daily sick was 778·6, or 67·7 per mille; the mortality being 250, or 21 per mille. The number of men invalided for discharge from the service was 645, or 56·68 per mille of strength.

By a reference to a subsequent portion of this report, it will be seen that in the year under remark (1866), as compared with the previous six years, the amount of sickness and the death-rate were slightly in excess. This retrogression in the sanitary condition of the European army is accounted for by the fact that the year was an unhealthy one, owing to the failure of the rains, and to atmospheric disturbances. Cholera and epidemic fever, aggravated by distress, amounting in some parts of the country to famine, caused great loss of life among the natives, and the conditions which injuriously affected the native population had likewise in some degree influenced unfavourably the sanitary state of the European soldiers.

As compared with the two other presidencies, Madras occupies the most favourable position,—the number of admissions and daily sick- and death-rate being smallest at Madras.

It is curious to notice the dreary regularity with which the name of a certain disease figures among the statistical tables of our army everywhere. In Madras, for instance, we are told that the disorder which furnishes the largest number of admissions into hospital is the same that it is here in Great Britain. There were 2624 cases of enthetic disease among the European soldiers stationed in Madras in 1866.

The maladies which swell the tables of sickness and mortality in tropical climates—fevers of an intermittent type, continued fever, diarrhœa, dysentery, hepatic affections, cholera, and insolatio—are, however, only occasionally, and sometimes quite

exceptionally, present elsewhere. In Madras in 1866 the mortality from dysentery was 45; hepatic affections, 34; cholera, 28; phthisis, 20; and insolatio (or death from high temperature), 13. It is satisfactory to learn that only 45 admissions for cholera occurred throughout the Madras presidency during the year.

THE CHARITY OF OUTCASTS.

AMONG many painful and some ludicrous facts which were elicted during the Farnham Workhouse inquiry, there was one observation made, by more than one witness, which is full of the truest pathos. In the dreary and wretched foul ward which has been so often described, there are grouped a fluctuating number of unfortunate women of the lowest class, nearly all of whom have been followers of the camp, and whose mental and physical degradation might be thought to be as complete as any that can be reached except by the worst criminals. The Pharisees of society would say so; but they would be wrong. One witness declared that the tender, loving care with which these poor outcasts helped each other—those who were a little stronger nursing and comforting, in their rude fashion, the more seriously sick—could not be surpassed by the devotion of the best women. Even the tragic death of Rose Cumber, who was killed by the shock of having her bedclothes set on fire when she was already in a state of prostration from disease, really shows the compassionate, though ignorant, kindness of these poor girls. The shocking inadequacy of the nursing staff left these unfortunates with no attendant skilled nurse to advise them, nor any such within reach, unless they either relied on the bell, or went out of the wards into the cold night air to find the one paid nurse. So they tried to comfort the suffering creature, who they knew had not many days to live, by putting a heated brick to her chilled feet; and it was their ignorant zeal which over-did the heating, and caused the fatal catastrophe.

Nor is the story of the Farnham foul ward the only proof, by many, which we could give of the generous kindness of fallen women to their sick or impoverished companions. The experience of most hospital and dispensary doctors will furnish them with scores of reminiscences which would tell the same story. Cannot our clergy, our philosophers, our political economists, draw out some practical lesson from these strange and pathetic facts? Is it really true that among all the kind and brave English hearts who dare face any labour and the contact with any misery to help and save the wretched, there is no one to organise some plan by which the warm hearts of many fallen girls might be enlisted in the work of their own reformation and rescue? Surely the profession of nursing is the very one to which they might be most usefully trained; and if it proved to be necessary that the State should bear a part of the expense of this training, it would certainly be as useful an expenditure of the public money as could possibly be made.

MEDICAL REGISTRATION IN NEW ZEALAND.

WE learn from a correspondent in New Zealand that a Medical Registration Act has just been passed there, containing a clause empowering all unqualified men who have practised medicine in that colony since 1857 to register. We are not insensible to the claims of men who, by the force of circumstances, and perhaps with some rough knowledge of medicine, found themselves discharging medical functions in a remote colony where duly qualified men were difficult to be had. Their case is somewhat comparable to that of persons practising in England before 1815, and who, on the passing of our Medical Act, without any qualification, were allowed to register. But while allowing the claims of such men to some consideration, we greatly question the wisdom or the justice of their indiscriminate registration. Some discretionary powers should be given to register only such as seem to have done good service and to have had some medical education. The medical wants of New Zealand are, or soon will be, supplied by well-educated men from this country; and it is not for the interests of the colony that such men should be deterred and discouraged by a large and reckless admission of everyone who likes to say that he has been practising physic in New Zealand since 1857. We commend this point to the consideration of the Colonial Office. In any case, a distinction should be made on the register between men registered on account of their education and qualifications, and those registered merely in virtue of being in practice before 1857.

SEWAGE-MATTER IN THE RIGHT PLACE.

The Times last week remarked that the visible results of the Metropolitan Main Drainage works are most encouraging. "The decline of the death-rate within the Bills of Mortality, the diminished power of epidemics, and the improvement of the public health in the low-lying districts especially, are so many testimonies to the efficacy of the new system." Eighty-two miles of sewers cleanse an area of 117 square miles, and carry the sewage of three millions of people down towards the sea. Some of this "matter in a wrong place" has been put in its right one by applying it in the conversion of a soil of barren sea-sand into an area of productive ground; and the results, as stated in the letter of Mr. Chalmers Morton to the same journal, are very remarkable as well as satisfactory.

At the Lodge Farm, two miles from the Barking Main Outfall, two hundred acres of light and gravelly land have been for a year and a half irrigated with London sewage, and after making certain corrections for the natural yield of the soil, it is estimated that about 250,000 tons of sewage have produced 2500 tons of Italian rye-grass. In addition, experiments have been tried with other crops—mangold and wheat,—which yielded abundantly.

So far, then, there appears to be good reason for hoping that the success of this plan of sewage disposal on the northern side of the Thames may warrant a similar appropriation of part at least of the foul tide which blackens the stream of the Thames every day when it is discharged at Crossness; better that instead of the solid deposit filling up the water-way of the river —where, as Dr. Letheby remarks, it "may be a cause for serious alarm, especially as it there meets with sea-water, the sulphates of which may, by their chemical decomposition by the putrefying mud, occasion the escape of much sulphuretted hydrogen, and set up that remarkably offensive change which is characteristic of the action of sewage upon sea-water,"—it should be applied in fertilising barren soil, and making two blades of grass grow where one only grew before.

SPONTANEOUS COMBUSTION.

THE occurrence of a fire of more than usual extent, originating in and involving the total destruction of Her Majesty's Theatre, and the fact that, although commencing at an hour when its first outbreak was likely to attract immediate attention, nothing is known of the manner in which it originated, has led to a good deal of speculation as to its probable cause. Among other means of accounting for it, it has been suggested that it may have been caused by spontaneous combustion. A writer in *The Times* has stated that the fire probably commenced in the painting room of the theatre, and that it may have been caused by the spontaneous ignition of substances which had accumulated there. In support of this view he quotes the statements of Professor Graham, the present Master of the Mint, showing that tow, cotton, or rags, saturated with oil, sometimes absorb the oxygen of the air so rapidly as to become heated, by the mere effect of chemical action, to a sufficient extent to cause ignition. Many instances of fire originating in warehouses have been traced to this kind of action, and cases of a somewhat similar kind have been known

to occur more immediately connected with medical practice. We have heard of cases in which a patient, taking a box of pills from a chemist's shop, has been surprised to find the box and its contents suddenly burst into flame. This has been accounted for by referring to the facts that the pills contained a metallic oxide (oxide of silver) together with an essential oil (oil of pimento), and that the former readily parts with its oxygen, while the latter as readily absorbs it, the energy of the chemical action being sufficient to cause ignition.

At first sight, it may appear probable that the painting-room of a theatre might become the receptacle of heaps of waste materials capable of undergoing spontaneous combustion; but we are assured by those practically acquainted with scene-painting that neither oil nor varnish is ever used in the process, and it is not therefore likely that the fire in this instance originated in the way suggested.

But although oiled rags, varnished canvas, and cotton waste may not be found in the rubbish-heaps of theatres, there is a material often extensively used in producing scenic effects which, like those substances, and sometimes to even a greater extent, is liable to undergo spontaneous combustion. We allude to the materials employed for producing coloured fires. Some of the saline powders used for this purpose have been known to ignite spontaneously; and it may be worth while to inquire whether such materials were kept at the theatre when the fire occurred, and whether any of them were of the description of those to which we have alluded.

MEDICAL AIDE-MEMOIRE FOR INDIA.

A SUGGESTION has recently been made by Dr. F. J. Mouat, upon which we hope Government will take immediate action, in regard to the diseases of India, and especially those of an epidemic nature. It is necessarily demanded of the medical officers who are to serve in India that they should be well acquainted with the special diseases which they will be called upon to treat on their arrival for service in that country. The mode in which this knowledge is obtained is chiefly by way of reading, and the clinical observation of the comparatively few cases of acute diseases that occur in men who return to England, and the chronic maladies of those who are invalided home. Practically speaking, the bulk of requisite knowledge has to be learnt on the spot, in India, while there is apparently little opportunity in such a wide field of observation of studying endemics and epidemics in relation to the country as a whole. It is as facilitating the study of the diseases of India as a whole, as well as in their local relationships, that Dr. Mouat urges the necessity of preparing a medical aide-memoire for all India, illustrated by a carefully-prepared map or disease-chart, upon which the special localities in which cholera, dysentery, fever, &c., prevail, are indicated. It could be founded upon the various regimental, prison, sanatory, dispensary, and private reports. To the medical officer preparing, or actually arriving from Europe, for service in India, such a work would be invaluable, since it would show him what diseases and what types of diseases he would be likely to meet with at the different stations to which he might be sent, the character of these diseases as influenced by seasons, and the treatment found to have been most efficacious. It would, moreover, indicate the generally-accepted causes of disease, the concomitants of most frequent occurrence to which his attention would be specially directed, and it would economise his labours in the path of scientific research by enabling him to utilise the researches and profit by the experience of others. This aide-memoire, Dr. Mouat thinks, should be similar in form and character to the Report of the Army Medical Department, and, like it, an annual production; the disease-chart being coloured from year to year in such a manner as to readily indicate the degree of intensity of endemic and epidemic influences in individual localities from year to year. The compilation of a carefully-prepared medical aide-memoire for India would be an arduous undertaking, demanding the exercise of great ability; but it would be invaluable to the medical officers of the Indian service, and indirectly of the greatest benefit to our soldiers.

THE MEDICAL GEOLOGY OF LONDON.

RECENT researches, especially those of Pettenkofer, show conclusively that a knowledge of the surface geology of the localities upon which towns and individual houses are built, is necessary to the right comprehension of the localisation of certain epidemic diseases, and especially of cholera and typhoid fever. This knowledge in England is as yet very limited, but an excellent illustration of the kind of information needed and the mode of recording it is found in the Appendix to the Ninth Report of the Medical Officer of the Privy Council, forming a part of Mr. J. Netten Radcliffe's Report on Cholera in the East District of London last year, in a note on the Surface Geology of London, by Mr. William Whitaker, F.G.S., of the Geological Survey of England. In this note Mr. Whitaker describes briefly the general character of the superficial deposits, and gives a long list of sections of wells and borings showing their thickness. In this note, indeed, for the first time, is an account of the medical geology of London made possible, and medical officers of health and the profession generally owe their thanks to Mr. Whitaker for bringing together the scattered information bearing upon the subject, and giving freely for their use the extensive series of unpublished observations collected by himself in his official survey of the metropolis. It should be added, also, that the large geological map of London and its environs in Mr. Radcliffe's Report has been prepared with Mr. Whitaker's assistance, and contains the additional information gathered by that gentleman for the geological survey.

In pursuing the investigation concerning the outbreak of cholera in the East districts of London last year, it was necessary to examine the distribution of the disease with reference to the surface deposits. A wise discretion was exercised in seeking all accessible information on the subject, and Mr. Whitaker's note forms one of the most instructive and suggestive portions of Mr. Simon's invaluable report.

THE ENFRANCHISEMENT OF THE ST. ANDREWS GRADUATES.

A DEPUTATION of the St. Andrews medical graduates, consisting of Dr. Richardson, Dr. Sedgwick, Dr. Wynn Williams, Dr. McIntyre, and another, had an interview with the Lord Advocate on the 6th inst. The Lord Advocate seemed very favourably impressed with the justice of the claims of the graduates excluded from the franchise by clause 30 of the Scotch Bill, and promised to give them every consideration in the preparation of a new Bill. Mr. Sclater-Booth introduced the deputation, and, we are glad to know, advocated the cause as a just one, and in accordance with the liberal spirit of the Ministry in passing the new Reform Bills, especially in regard to the educated classes. The graduates owe much to Dr. McIntyre in the matter, whose good offices have led in great measure to this satisfactory state of things.

THE WESTON-SUPER-MARE HOSPITAL.

THE foundation-stone of a new wing to this hospital was laid last week by Mr. R. A. Kinglake, who has exerted himself most indefatigably in securing this addition to a very useful institution. It is anticipated that the building will be finished in April next, and six extra beds will thus be provided for the accommodation of patients affected with fever and other contagious diseases. The institution is a kind of village hospital on a large scale. Previously to its construction casualties and other cases had to be sent to Bristol, a dis-

tance of twenty miles. Weston-super-Mare is becoming popular as a health resort for families, and its bracing and invigorating air well fits it for the purpose. We hear that Mr. Kinglake is engaged in an endeavour to secure sufficient funds wherewith to establish a convalescent hospital for the relief of patients from the Bath, Bristol, Cheltenham, and Taunton hospitals. We wish him success in his very useful work.

YELLOW FEVER IN THE WEST INDIES.

BY the latest intelligence received in this country it was clear that cases of yellow fever were occasionally making their appearance in our West India islands. From Barbadoes we learn that two officers of the 16th Regiment had fallen victims to the fever, and the regiment had been encamped at Gun Hill. Under these circumstances it would have been hazardous to send reliefs of young troops from the camp at Colchester to Barbadoes. It was rumoured, nevertheless, that such was the intention of the authorities. From inquiries we have made we have reason to believe that the rumour is incorrect, and that, until the arrival of the next mail, no fresh troops will proceed to Barbadoes.

HOSPITAL APPOINTMENTS.

AT a meeting of the Council of University College, on Saturday last, Henry Charlton Bastian, M.D. (Lond.), was appointed Professor of Pathological Anatomy in the College, and Assistant-Physician to University College Hospital. Dr. Bastian's return to the school of which he was a distinguished pupil, renders vacant the appointments of lecturer on pathological anatomy, and assistant-physician, held by him at St. Mary's Hospital.

We understand that Dr. William Ogle and Dr. Theodore Williams are candidates for the assistant-physicianship, and Messrs. Rouse, Pick, and Venning for the assistant-surgeoncy at St. George's Hospital. The election will take place next week.

The vacancy at the Westminster Hospital was filled on Tuesday last by the election of Mr. Alexander Bruce as assistant-surgeon. The chair of Anatomy at this school has become vacant by the resignation of Mr. Teevan.

THE RELATION OF SANITARY DEFECTS AND SICKNESS.

WE pointed out last week how frequently it happened that commissions were appointed, reports made, and blue-books published and presented to Parliament, and there the matter ended. We are not surprised to learn, therefore, that the majority of the deaths at Secunderabad, the station at which the greatest mortality took place in Madras last year—namely, 33·6 per mille,—was contributed by the 18th Hussars, who had the bad fortune to be living in the old European infantry barracks. The ill-chosen site, and the objectionable neighbourhood of these barracks, have frequently been reported on, we are told by the compilers of the Madras Sanitary Report for 1866, as the cause of the high rate of sickness and mortality of the occupants as compared with European troops lodged in other barracks at the same station. We are glad to learn at last, then, that these objectionable buildings are to be entirely abandoned on the completion of barracks at Trimulgherry.

HEALTH OF LONDON AND THE LARGE TOWNS.

THE number of deaths (1588) returned last week in London is exactly the same as that for the week preceding; there was a still further reduction of temperature to an average of 35·7°, and an increase in the deaths by bronchitis and pneumonia from 389 to 427. Since the 1st of November the mean temperature has been under the average on 28 days, the mortality steadily increasing. The Registrar-General's return has again its usual winter's paragraph devoted to the record of deaths from "privation"—starvation that is to say. The unfortunate man Pritchard (aged 43 years), whose sad story is now well known; a labourer's widow, aged 50 years; a bookseller's collector, aged 60 years—all three died from the sheer want of food, fuel, and clothing, which if they could be supplied at this inclement season to those in want would save many lives.

The annual rate of mortality last week was 27 per 1000 in London, 31 in Edinburgh, 25 in Dublin, 28 in Bristol, 29 in Birmingham, 34 in Liverpool, 36 in Manchester, 29 in Salford, 27 in Sheffield, 24 in Leeds, 27 in Hull, 30 in Newcastle-upon-Tyne, and 33 in Glasgow.

THE Master and Fellows of St. John's College, Cambridge, taking advantage of the provisions of their recent statutes, have elected Sir Thomas Watson an honorary Fellow of the Society. Sir Thomas graduated at Cambridge; and was formerly a foundation Fellow of the College. This he ceased to be upon his marriage; and the compliment now conferred upon him, in company with the Bishop of New Zealand, who was also elected an honorary Fellow at the same time, is an evidence of the respect in which he is most worthily held in the University of Cambridge.

IT has been rumoured in Paris that the Empress and Prince Imperial would pass the winter at Nice, on account of the health of the young Prince. The assertions of the French press had tended to give a wider circulation to such a report, which recently, however, was semi-officially denied. Facts which have just reached us speak in favourable terms of the health of the Prince Imperial.

THE guardians of the parish of St. Margaret and St. John, Westminster, are to be congratulated upon having secured for their workhouse infirmary the services of Mr. Thomas Bond, whom they have just elected in the place of the late Mr. Lavies. Mr. Bond's qualifications are of a kind seldom found in candidates for appointments under the Poor Law—a distinguished student of King's College, and lately house-surgeon to the hospital, he is M.B. and M.S. Lond., as well as F.R.C.S.

THE attempt has recently been made to effect an amalgamation of the medical schools of the Queen's and Sydenham Colleges at Birmingham. All the chairs at the former being vacated by Act of Parliament, the Council of that institution appointed a sub-committee to endeavour to induce the Sydenham College to join them in the formation of a single school for Birmingham. The Sydenham committee declared their unwillingness to change the *locale* of their school, which is close to the General Hospital. It is impossible for us accurately to comprehend the difficulties which stand in the way, but we regret that it should be found impracticable to unite the two Colleges into one large school for Birmingham—an arrangement in every way calculated to benefit the town and the cause of medical education.

A SERIES of lectures are in course of delivery on Tuesday evenings at University College. On Tuesday last Professor Seeley selected as his subject for the opening lecture "Milton's Political Opinions." Mr. Goldwin Smith follows next week with "The Last Republicans of Rome;" to be followed in succession by Professor Williamson, "On Experimental Science in Relation to General Education;" Mr. Street, "On the Connexion of Architecture and Painting;" Sir John Lubbock, "On Savages and the Primitive Condition of Man;" and Professor Masson, "On what we know of Shakspeare generally." The lectures commence at half-past eight P.M. Ladies and gentlemen are admitted by tickets, which may be obtained

at the office of the College. The price of the tickets for the course, which are transferable, is half-a-guinea; and the proceeds of the fund will go towards defraying the expenses of the erection of a south wing of the College.

A PARLIAMENTARY Paper just issued contains a correspondence between the Resident Medical Superintendent of the Carlow Lunatic Asylum and the Inspectors of Lunatic Asylums in Ireland relative to the right of appointment of a clerk and storekeeper at the Asylum, which had been exercised by Dr. Howlett, with the sanction of his Board of Governors. The Inspectors, disregarding the selection made by Dr. Howlett, appointed a clerk of their own choice, but the Governors of the Asylum refuse to recognise him or to pay him any salary.

FROM the report of H.B.M. Consul at Dantzig we learn that the mortality in that city averaged 36 per 1000 during the years 1862–65. Cholera appeared in 1866, attacking, between the 8th of July and the 20th of October, 2560 persons, of whom 1450 died, the population numbering about 90,000. This seaport town has suffered from frequent and severe visitations of cholera. In 1848, the disease attacked 1296 persons (killing 718) between the 10th of September and the 26th of December; in 1849 (29th of May to 26th of October), there were 1579 attacks, and 1104 deaths; in 1852 (25th of July to 30th of October), 1328 attacks, 804 deaths; in 1853 (13th of July to 31st of October), 952 attacks, 601 deaths; in 1855 (10th of June to 6th of October), 1867 attacks, 1149 deaths; in 1857 (20th of September to 17th of November), 481 attacks, 259 deaths; in 1859 (7th of August to 5th of November), 773 attacks, 403 deaths.

A HANDSOME tea and coffee service was recently presented to Dr. O'Connor, late alderman and mayor of Morpeth, on the occasion of his removing from that city. The teapot bore the following inscription:—"Presented to Dr. O'Connor by a few warm friends resident in Morpeth, as a mark of respect for his worth and service for a series of years as a public man, a medical adviser, and sincere friend. *Nihil obtinendum est sine labore.*" In his long and successful fight against filth and disease in Morpeth, Dr. O'Connor has vindicated his claim to this motto.

A DEPUTATION from the Metropolitan District Asylum Board had an interview with Lord Devon on Monday last, relative to the equalisation of the basis of assessment over the metropolitan area.

WE regret to hear that Dr. Sharpey, F.R.S., has been prevented from lecturing during the past week by an attack of congestion of the lungs.

A GOLD watch and chain was presented to Dr. Robt. Anderson at Seaton Delaval on the 23rd ultimo. By the assiduous care of his patients, rich and poor, Dr. Anderson has earned their respect and gratitude, in evidence of which the testimonial is itself the best and most pleasing proof.

DURING the absence of Deputy Inspector-General of Hospitals O'Flaherty, on a tour of inspection with the Major-General commanding, Staff Surgeon-Major A. P. Cahill will perform the duties of Principal Medical Officer in Jamaica.

WE hear that Dr. Clifford Allbutt, of Leeds, will continue the translation and editing of "Trousseau's Clinical Medicine," in the room of the late Dr. Bazire.

COUNTRY WORKHOUSE REFORM.

IT is with much gratification that we call attention to the following improvements which have been recently introduced or proposed at the undermentioned workhouses. It is evident that the results of THE LANCET Commission on Workhouses have been extensive and powerful, and that guardians all over the country are feeling that they must bestir themselves seriously. Nearly all the changes here enumerated have been mooted since the commencement of our Reports in 1865, or are actually now in progress.

Settle.—The guardians are negotiating for the purchase of two acres of land for the erection of sick wards. Eleven new closets, urinals for the old people, with a plentiful supply of water and good drainage, and good cooking apparatus, have been provided. The beds and bedding in the house have been renovated, iron bedsteads being substituted for wooden ones, each bed having a good straw mattress, with flock bed and pillow and good clothing. A new lavatory has been fitted up, and the dietary amended.

Dover.—A paid nurse has been appointed. New wings have been added to the hospital, with waterclosets, sinks, and water-supply. A small infirmary for fever cases, with four beds, has also been erected. The wards have been ventilated. An itch ward, a bath, separate towels, knives and forks for the inmates, and toys for the children, have been provided, and it is in contemplation to build a new infirmary.

Aston.—The following provisions have been made:—Lockers, a table for each ward, two towels per patient, arm-chairs, a better plan of communication by bell from each sick ward to the nurse's room, an additional number of night-commodes. Each woman and child is to have a night-dress, and the children have been removed to new schools.

Witney.—Here many improvements have been carried out recently. The earth-closet system has given great satisfaction. Provision has been made for better ventilation and better lavatory accommodation; arm chairs have been provided for the infirmaries; plates instead of wooden platters are in use; new tramp wards have been devised, &c.

Barnstaple.—The male wards have been increased in height, and new windows put in.

Leighton Buzzard.—Water-beds and cushions, wash-hand basins (iron), table-cloths, Moule's earth-closets, night-commodes, and boarded floors have been introduced. New small-pox and fever wards have been built.

Stockbridge Union.—New wards have been built.

Axbridge.—Moule's earth-system adopted, and other minor alterations effected.

Hastings.—Extensive reforms are under consideration by the guardians. An entirely new house is acknowledged to be required.

Hereford.—Two new sick men's wards were furnished in March last. The larger is 33ft. by 16½ft., 19½ft. high, and holds 12 beds; the smaller holds 5 beds, and is 21ft. by 11½ft., and 19½ft. high. A new bath-room and closet is provided for these two rooms, which open on to a common landing 12ft. 9in. by 19ft. 6in.

Reading.—A new union-house was opened last August.

Colchester.—The bedding is improved.

Rotherham.—More wards are to be built, and an infection ward for each sex supplied. An additional nurse has also been elected, and a couple of air-beds provided at Mr. Farnall's suggestion.

Northwich.—Venereal and fever wards have been built, and others have been enlarged.

Northampton.—A new wing to the infirmary will soon be occupied.

Newton Abbot.—Three years since new sick wards were erected, and now additional wards for infectious diseases are to be built.

Bedford.—A committee of the board of guardians has lately been formed to take steps for the improvement of the union-house. Means of communication at night from the tramp ward, fever and small-pox wards, the separation of the sick and infirm and of the imbeciles, new bedsteads, more night-commodes, better nursing and cooking, and other matters are needed, and are, we believe, under consideration; the guardians being anxious to carry out needed alterations.

Leicester.—At a meeting of the guardians on the 22nd of October suggestions were made for improvements as to nursing, in the vagrant ward, and other matters.

Oldham.—A new male imbecile ward has just been erected, attached to the union-house, capable of accommodating 100 patients. In consequence of this addition, a sick ward for female patients will be available in the old house.

Crediton.—A ward for infectious diseases is proposed.

Tynemouth.—A new hospital has been built recently; paid nurses have been appointed to the male and female wards; and a general desire is evinced to make the inmates more comfortable.

Beverley.—Reforms are in contemplation.

Plymouth.—Towels to each patient and wash-basins have been provided; two large, well-ventilated wards have been built, and further additions are proposed; also easy chairs, stools, night-commodes, &c.

Norwich.—Within the last two years wards for infectious cases have been erected. Increased washing arrangements have been provided, and overcrowding is to be relieved.

Farringdon.—The hospital arrangements have been improved, and schools for the children provided.

Ipswich.—A special meeting of the guardians is summoned to consider the state of the workhouse.

Cockermouth.—It is proposed to supply waterclosets and baths to the sick wards. Night-chairs are now used by such patients as are unable to cross the airing ground, some twenty or thirty yards.

Holywell.—Infection wards are in course of erection, to be completed in May next. Better ventilation is to be also established in the wards.

Hoxne.—An early revision of the workhouse is contemplated.

Witham.—The washing accommodation is to be extended, the bedding improved, lockers to be provided, the windows altered, &c.

Coventry.—Plans are prepared for enlarging the imbecile wards.

Ross.—A strip of land adjoining the present workhouse has recently been purchased, upon which to erect additional wards, and extensive alterations are to be made in the present infirmary.

Medway.—A year since the guardians contracted for the erection of eight new wards for the infirmary; they are now finished, and in part occupied.

Rugby.—A regular nurse has recently been appointed.

Winchester.—During the summer, new infirmary wards have been built, and are now in part occupied; a bath-room is to be erected, and attached thereto. The provision of infection wards, better tramp, school, and infant accommodation, is under consideration. A committee met very recently to report upon needed reforms.

Botley.—A new lying-in ward is being built; also new waterclosets.

Mansfield.—The house is undergoing a thorough overhaul, in accordance with Dr. Smith's suggestions.

Newcastle-on-Tyne.—The guardians have at length promised to erect additional hospital buildings, to accommodate 200 inmates.

Isle of Thanet.—The infirmaries have lately been well ventilated; the female venereal ward has been enlarged, and two additional windows placed in it; a bakehouse is to be erected, &c.

Easthampstead Union.—Wards for infectious diseases are to be erected.

Eastbourne.—The infirmary has been enlarged, and arrangements made for the isolation of the infectious cases.

Weardale.—A large new workhouse is in course of erection.

St. Ives.—A paid nurse has been appointed, Moule's earth-closets put into use, and the tramp ward is to be enlarged.

Aylesbury.—A year since a "pest" house was built; the ventilation of the house has been improved; overcrowding has been remedied. Improvements have been effected recently in the cooking, the lavatories, the dietary, the exercise-yard, the dining-hall, &c.

Henley.—During the last year many additions have been made to the comforts of the sick poor; new receiving wards are now building for tramps and casuals.

Peterborough.—Furniture of a suitable character is about to be added to the infirmary. It is understood that a building is about to be erected for the reception of fever and other infectious cases.

Stourbridge.—Two new sick wards have recently been built; a boarded floor is to be substituted for the present stone one in the boys' school.

Bradfield.—New infection wards and wards for infirm men are just completed.

Whitby.—Boards have been substituted for brick-floor in the itch ward, and a better supply of wash-basins and towels for the sick is now provided. A bath has been ordered for each sick room.

The above list represents a portion only of the information in our possession as to recent improvements in workhouses. We shall probably give a further list next week.

Correspondence.

"Audi alteram partem."

COMPLETE DIVISION OF THE MEDIAN NERVE, WITH PRESERVATION OF SENSIBILITY.

To the Editor of THE LANCET.

SIR,—During a recent visit to Paris I had an opportunity of seeing this remarkable case, of which you gave an account in the last number of your journal. The accident, as you state, occurred on the 23rd of October, and it is said that, the next day, Professor Richet showed, in the presence of several eminent men, that sensibility was retained both in the lowe portion of the nerve, and in the parts to which it is distributed. I first saw the young woman on the 31st of October, at the Hôtel Dieu, and M. Richet was then kind enough to repeat his experiment for my own satisfaction. Having desired the patient to turn away her head, I took the further precaution of covering her eyes, while M. Richet, with a piece of stiff paper rolled into the form of a pointed stick, tickled, in the most perplexing way, different parts of the four fingers and palm, which are supplied by the digital and superficial palmar branches of the nerve. In almost every instance the patient mentioned, without hesitation, and with great accuracy, the particular spot that was touched. Nevertheless sensibility, although not abolished, was somewhat impaired, as was evident when a pin was used instead of paper to excite the skin. The application of heat and cold to the hand was not attended by very satisfactory results, since the girl's answers were very frequently wrong, both with regard to the locality and the difference between hot and cold. At the conclusion of these experiments, M. Duchenne (of Boulogne) showed that the muscles of the parts upon which they had been made had ceased to contract under the influence of electricity, and that, consequently, no re-union of the ends of the divided nerve could have taken place.

I have the honour to be, Sir,
Your obedient servant,

Warwick-street, S.W., Dec. 4th, 1867. J. LOCKHART CLARKE.

To the Editor of THE LANCET.

SIR,—The perusal of the annotation in your journal of the 30th of November on the interesting case of division of the median nerve, now under the care of Professor Richet, at La Pitié, has reminded me of an instance of similar injury that came under my notice last year. The case was as follows:—

I was sent for, on August the 15th, 1866, to see a man who had been injured in a drunken brawl. I found him in a state of stupor from drink, with some contusions and abrasions about the head and face, and a wound in the neighbourhood of the left elbow-joint. This was about the third of an inch in length, situated between the internal condyle of the humerus and the olecranon, with a direction somewhat diagonal to these points of bone. It had all the appearance of an incised wound, so much so that I asked if any weapon had been used in the scuffle; but I eventually ascertained it had been caused by a fall on the kerb-stone. The joint was not implicated, but protruding from the upper side of the wound was a piece of whitish tissue, which I could not replace. I therefore removed it, causing the patient to call out lustily, though he was in an almost insensible state from drink. On examining what I had cut off, I found it to consist of about the eighth of an inch of the trunk of the ulnar nerve, with the commencement of a branch given off from it. From its appearance I thought that the whole thickness of the nerve had been divided, the outer surface being smooth and untorn, and the diameter about that

of the nerve at that point in an adult. I closed the wound accurately, and endeavoured to keep the limb in as perfect a state of rest as was possible in the man's condition.

Beyond a little numbness of the little and ring fingers, he never complained of the slightest impairment of sensibility or movement in the hand or forearm, and in a few days resumed his occupation of a chimney-sweep, none the worse for his accident.

I had no opportunity of testing the muscles supplied by the ulnar nerve with the galvanic current, and I cannot be quite positive that the whole thickness of the trunk was divided; but it struck me at the time as most remarkable that such a lesion to a large nerve should not be followed by more serious results.

Mr. Erichsen, in his work on Surgery, mentions a case of divided ulnar nerve, where paralysis and loss of temperature existed twenty-one weeks after the injury. He remarks also, "If a portion of nerve have been actually excised, there is no restoration of function, as was shown long ago by Haighton." Delpech and Earle are mentioned as having divided the ulnar nerve in this situation (Chelius's Surgery, ii., 887) for the cure of neuralgia; but the result is not stated.

No doubt M. Richet will throw some light on this subject, which appears to have been always a "quæstio vexata."

I am, Sir, your obedient servant,

Princes-square, W., Dec. 1867. HENRY W. KIALLMARK.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY: DR. FULLER'S PAPER.

To the Editor of THE LANCET.

SIR,—I trust you will allow me to correct some errors in your report of the discussion which took place on Nov. 26th at the Medical and Chirurgical Society.

Dr. Fuller, in the course of his paper, had pointed out that when nitric acid is added to a sample of urine containing an excess of urea copious effervescence occurs. Of this effervescence I suggested the following explanation. When urea is in excess, so also, as a rule, are the colouring matters of the urine; these are oxydised at the expense of the acid, and thus nitrous acid is formed, which decomposes some of the urea, and, as the result of this decomposition, bubbles of carbonic acid and of nitrogen make their escape. I added that it might easily happen that so much urea was thus decomposed as to prevent crystallisation of nitrate of urea occurring, even when the urea had been originally present in excess.

From your report it would be supposed that I had attributed the effervescence to bubbles of nitrous acid; and, secondly, that I had described urea as being excessively "soluble" in nitrous acid. I should be sorry to remain credited in your columns with either of these statements.

I am, Sir, your obedient servant,

Clarges-street, Dec. 10th, 1867. WILLIAM OGLE.

THE CLINICAL SOCIETY OF LONDON.

THE adjourned meeting of this Society for the election of officers took place on Monday evening last, Dr. Headlam Greenhow being in the chair. The following gentlemen were balloted for, and duly elected on the Council of the Society:—President: Sir Thomas Watson, Bart. Vice-Presidents: Dr. Acland, Dr. Alderson, Dr. Burrows, Dr. Jenner, Dr. Walshe, Dr. Williams, Sir W. Fergusson, Bart., Mr. Cæsar Hawkins, Mr. Hilton, Professor Humphry, Mr. Paget, and Mr. Simon. Treasurer: Dr. Greenhow. Council: Dr. Anstie, Dr. Marcet, Dr. Murchison, Dr. J. W. Ogle, Dr. Peacock, Dr. Quain, Dr. Russell Reynolds, Dr. Sibson, Dr. Southey, Dr. Weber, Mr. A. Bruce, Mr. Campbell de Morgan, Mr. Durham, Mr. Hart, Mr. C. Heath, Mr. T. Holmes, Mr. Hulke, Mr. Hutchinson, Mr. Sydney Jones, and Sir H. Thompson. Hon. Secretaries: Dr. Burdon-Sanderson and Mr. Callender.

The Society now consists of 110 members, and the names of twelve or fourteen gentlemen in addition were formally proposed for election, and will be balloted for in January. The first meeting for the proper business of the Society is to be held on Friday, January 10th, at 8.30 P.M. It is intended to hold meetings at the same hour on the second and fourth Friday in each month from October to May. We learn that the Council of the Medico-Chirurgical Society have obligingly placed their rooms at the disposal of the Society for the first two meetings, pending ulterior arrangements. Members are invited to send in contributions of cases for the first meeting. These must be of the character described in the scheme of the Society, which has been forwarded to each member, and must be sent to the secretaries a week at least before the meeting.

BEAUMONT MEDICAL SOCIETY.

AT a meeting of the above Society, held on the 5th instant, there were ten members balloted for and elected. After the balloting, Dr. R. E. Swyer opened a discussion "On the Abuses of Medical Charity in connexion with the Out-Patients' department of the various Metropolitan Hospitals." Dr. Swyer believed that general practitioners, living in the neighbourhood of an hospital, suffered in their practices very considerably through the loose and indiscriminate way in which hospital charity was administered; that it was not the really poor who benefited by the charitable labours of the hospital staff, but those who were in comparatively good circumstances, and in many cases well-to-do individuals. These evils, he thought, had greatly increased since "special diseases" were treated on special days, as a vast field was, to a large extent, taken from the general practitioner. Directly a patient had an attack of ophthalmia, he had only to get an hospital letter (and the better his circumstances the easier the task), and he was treated by a "consulting surgeon" at the moderate cost of a "quart bottle" or a "gallipot." So with affections of the skin or ear. As there was no inquiry into the circumstances of the applicant, every encouragement was given to imposition. In fact, it was with the greatest difficulty that a truly poor person could get a letter for the hospitals at the east end of London, as the bulk of them were given to persons who had some little interest with the governors in the way of business, and so the unfortunates for whom the charity was instituted were excluded from its benefits.

Mr. Maunder (London Hospital) quite agreed with Dr. Swyer's remarks; in fact, he had frequently tried to shame those who came to him for gratuitous advice when he considered they were able to pay a general practitioner's fees. He thought the treatment of special diseases in the various hospitals was a step in the right direction, and of great importance in the education of medical students. The fault of well-to-do persons taking advantage of such charity did not rest with the medical officers, as they were obliged to prescribe for a patient if he had the requisite letter signed by a governor. He quite felt it was necessary that some inspection of the out-patients should be periodically made, so that the really poor might be the only recipients of hospital charity.

After an animated discussion, in which Messrs. Buss, Davey, Rose, Reilly, Richards, and Richardson took part, the following resolution was moved by Dr. Swyer, seconded by Mr. Maunder, and unanimously agreed to:—

"That the members of this Society are of opinion that the almost indiscriminate admission of persons to the out-patients' department of our various hospitals is detrimental to the interests of the medical profession, and an abuse of the charity instituted for the sick poor; and they earnestly desire the co-operation of hospital physicians and surgeons in effecting a reform of such an evil system."

THE POOR-LAW INQUIRY AT THE FARNHAM UNION.

THURSDAY, DEC. 5TH.

MR. JAMES SIMMONS (of Cherrimans), a guardian of Farnham union for many years, was next called. He denied the general accuracy of the report contained in THE LANCET, and expressed a decided opinion that the fact of workhouse officers knowing they could not be discharged by the guardians without some gross case being proved against them, tended to make them less effective in their general duties. He also thought it tended to operate against the guardians making charges against their officers, lest they should be unable to substantiate them. It was generally considered that if a charge were made, and an officer suspended, and the Poor-law Board refused to confirm

that suspension, the result would be highly injurious to the efficiency of the officer, and also tend to weaken the authority of the guardians. In short, it would be unsafe for the guardians to make a charge and afterwards fail to sustain it. The custom had been therefore to send particulars to the Poor-law Board, and leave an investigation to their decision.

Mr. LAMBERT here stated that he had inspected the visitors' books of the union, from the year 1860 to the present time, the result of which showed that the total number of visits during the last eight years was 115, of which 31 were by Captain Newcombe, 24 by Mr. Nicholson, 25 by other guardians, individually, and 17, 9, and 6 respectively by more than one guardian during those years. He also found that the questions prescribed by the Poor-law Board to be answered, had been replied to in detail four times in the same period.

Examination continued.—The average of time devoted by witness to each meeting of the guardians was from six to eight hours. He believed that some of the inmates were more comfortable than many who were out of the house, and who were actually paying rates.

In cross-examination by Mr. SMITH, the witness said he considered the arrangement of workhouse hospitals, as regarded comfort and cleanliness, should be the same as that in a county hospital. He also thought the paupers in the Farnham workhouse were as well lodged as those in other unions; and, taking tramps as a class, he considered that the wards at present in use were fit for them. The "petty squabbles" which had been previously alluded to in evidence, and which had existed between the officers for a period of two years, tended greatly to disorganise the system of the house, and he would have discharged those officers, or some of them, with a view to the prevention of such quarrels.

The witness was closely pressed as to whether he considered the continual existence of private quarrels between the officers of unions a ground of unfitness for office, and a consequent reason for their dismissal. Mr. SIMMONS expressed an opinion that such would be the case if the officers were taken as a body, but would not apply to them as individuals.

Mr. BARROW drew attention to the Consolidated Orders of the Poor-law Board, by which it was ruled that the appointment of a paid officer should continue "until he die, or resign, or be removed by the Commissioners, or be proved to be insane to the satisfaction of the Commissioners."

Mr. LAMBERT said that the order was preceded by the Act of Parliament, which enacted that the Commissioners should be empowered to remove any master, assistant, overseer, or other paid officer, whom they might deem unfit for or incompetent to the discharge of their respective duties. He also desired to impress upon the guardians the fact that if officers continued to carry on quarrels with each other, he had no hesitation in saying that this was a ground of unfitness, and several officers of the Liverpool union had been discharged on that ground.

Mr. WILLIAM WHITELEY, clerk to Messrs. Hollest and Mason, solicitors, of Farnham, produced a return of the extra medical fees paid to Dr. Powell during the year ending Michaelmas, 1867, together with the payment during that period for cod-liver oil and quinine, amounting in the aggregate to £26 5*s*. 5*d*. A return of the highest and lowest number of paupers, from the year 1857 to the present time, was also read.

The examination of Mr. TOMKINS, the present master, was resumed. He gave a description of the present condition of the workhouse, and said that about three weeks ago, when the building was inspected by Mr. Hawley, a number of bags were found in the old men's day-room, containing onions, potatoes, bread, cheese, butter in little custard pots, rags, pocket-combs, and meat. Some of these things were in a filthy state, and unfit to be eaten. In his judgment if lockers and cupboards were provided they would be made receptacles for such things. Lockers were once provided at Reading union, and the guardians were obliged to take them away on that account. He would, however, recommend that a cupboard should be placed in the infirmary. Since his appointment to the office of master on the 3rd of October, which was prior to the visit of THE LANCET Commissioners, he had invariably given an allowance of bread night and morning to the tramps on their admission, whether the latter asked for it or not. The witness further stated that the old women were supplied with forks, and not with knives, as had been asserted. When he first took office the allowance of bread to tramps on their admission was greater than it had lately been, but the difference arose from his having at first given it from his own table.

At half-past three o'clock the Commissioners, accompanied by the counsel on both sides, and several other gentlemen, left the board-room, and inspected the whole of the workhouse devoted to the reception of paupers, and also the cesspool in the garden, into which the man Tuckey fell shortly before his death. The rooms generally were clean, and suitable for the purposes to which they were devoted, but it appeared to be the prevailing impression that a small outlay for the addition of cupboards, or prints for the bare walls, would have improved the appearance of the rooms, and conduced to the convenience and comfort of the inmates. On examining the beds in a portion of the male infirmary a knife and two forks were found concealed under one pillow, and a bottle, used to contain the old man's stout, under another. A pocket of another aged inmate was a general receptacle for articles of various descriptions, including a spoon, comb, pipe, and string. The inspection occupied above an hour, and on its conclusion the examination of the master was resumed relative to the practice of giving food to tramps on their admission.

A pauper named GEORGE MORLEY also gave evidence on this subject. He had formerly filled the office of clerk in one of the regiments of Foot Guards, and the entries which he made in the admission-book were described as most excellent specimens of caligraphy. The witness stated that recently females had received food on their admission, but males were not always allowed food on entering the house for one night.

FRIDAY, DEC. 6TH.

This morning the official inquiry was resumed; and at a break in the evidence the Commissioners, accompanied by the guardians present and the reporters, made their inspection of the whole group of buildings which form the "house."

The guardians' case was continued by the evidence of Mr. RICHARD EVE, solicitor, who was, until just before this inquiry opened, an elected guardian of the union for Aldershot, and who resigned that he might instruct Mr. Barrow, for the guardians. He deposed generally that he considered the statements of THE LANCET unfair, and he arrived at this opinion from a visit which he made to the house on the appearance of the report, and from his general knowledge of its management. He considered the report greatly exaggerated, and in many respects untrue, for the guardians had never ignored complaints from officers or inmates.

MARIA STOCK, an inmate, was called and examined by the late master with respect to the matter known as the "mutton question"—namely, relative to the evidence which had come out as to the sick having only breasts of mutton, whereas the guardians proved they paid for joints. She said that the sick had joints always. She admitted she had been examined by the late master, but she said this was in the presence of the present master, and on last Wednesday.

Mrs. STEDMAN, who was examined by the Commissioner, said she had been matron here from 1865 to October last. When she took office the stock of linen was very low; the towels were few and old, and the women in the place generally had no night-gowns. The regulation respecting towels was that two roller-towels should be issued to each ward each week, and there were no other towels; but there were not at first enough towels to carry out this regulation. She at once began cutting up material to remedy the wants she found, but she had very great difficulty in making things up, as there were no able-bodied in the place, that being the "hopping-time." She also stated that the meat supplied to the sick was off joints, and that there were basins to wash in, though she could not say whether there were in every ward. She acknowledged that the women tramps had no food given them at night by any regulation, but she had given them some. She had seen them come in during wet weather, and they were locked up just the same, wet clothes on and all, and she supposed they put their clothes on as they took them off. She never saw clothes being dried in any part of the house, and the tramps were locked up in this condition in winter as well as in summer. She denied that the woman who was taken in labour in the tramp "hutch" had spoken to her of the condition she was in; and though the woman was "very thinly clad," witness never noticed her condition. Witness had spoken to the woman, who was in some trouble about her husband not being able to be with her, as the police would not give him an order, on the allegation that he had "been drinking." Respecting the nursing in the house, witness said that there had never been more than one paid nurse, who had a helper from among the paupers; and one nurse had often asked for assistance without witness being able to give it. In the foul wards there had been as many as thirty patients, besides children;

and there had been many complaints that the inmates could not always get the nurse when they rang the bell for her of a day, these wards being in a building only reached by crossing in the open air or by a circuitous route through other wards. There were sometimes women in a dying state in these wards, and the only arrangements made for watching these dying patients were to leave them to the "girls," who, the witness said, "were very kind to one another." Examined respecting the epileptic who fell into the slush of the cesspool when set to work to ladle the sewage out on the garden, she said she had expressed an opinion that it was a pity the man had been set to work, as he was subject to fits; but she denied ever saying that facts had been suppressed at the inquest, nor had she ever heard such a remark.

The witness acknowledged, in cross-examination by Mr. A. L. SMITH, that when she gave evidence on the inquiry which brought about the late master's resignation she had told the guardians that she had been so greatly annoyed at Sargent's disgraceful (or unkind) conduct towards her that she would have to resign. She referred, she said, to the manner in which he spoke to her before the inmates, and he had also told her that if she had made any charge against him he would bring a charge against her. (A minute of the guardians was put in showing that they at once dealt with the matter by sending a letter to the Poor-law Board, and asking that the central authority would at once give their decision as to the inquiry respecting the master's immorality with a pauper inmate, which had then been held. The guardians, in this communication, referred to "the state of anarchy in the house." The decision, it appeared, came the next day.)

The witness, in further examination by Mr. BARROW, denied the truth of the statement made in a letter to *The Times*, that the late master appointed her to the charge of the men's night wards in 1865, on the death of his wife, and that he undertook charge of the women's wards. It appeared, however, that she was not the first matron after the death of the late master's wife. The witness further said she had purchased toys for the children with money given her by Sargent, and that he had also purchased toys.

SARAH WILLIAMS, a pauper inmate, was called by the late master to speak about the "mutton question." She asserted that the sick had only joint meat served to them—mutton and beef, she said, and bacon if they liked, for she had heard the doctor, she declared, tell the master he might give bacon. She allowed breast of mutton had come as "make-weight," and had been given to the sick once or twice. Examined on other points, the witness, who had been an inmate "off and on" for ten years, said, when she came in, she, after bathing, wiped herself on the sheets in which she had slept. This, too, she allowed, was a common occurrence, and the paupers, she asserted, preferred to wipe on the sheets to having towels.

The late master, JAMES SARGENT, was then called by the Commissioners, and sworn. The witness deposed that he was elected master of this workhouse in May, 1853, and his wife as matron. He stated that his wife died in 1865, and that he had seven children, who lived in the house with the consent and knowledge of the guardians. He left in consequence of a Poor-law inquiry into his alleged improper connexion with a pauper inmate named Stubbs, who had been confined with a child; and though he had been considered guilty of this act, and had been called upon to resign in consequence, he asserted he was innocent of the act imputed to him. He detailed the circumstances of his wife's death, and though he allowed that he continued to sleep in the same room he occupied before his wife's death, on the women's side of the house, yet he denied that there was any understanding with the person who discharged the matron's duties on his wife's death that he should attend to the women's wards at night, and she the men's. He was examined at some length as to the furniture he found when he came, and he put in the inventory he copied from his predecessor's inventory. In this there was no mention at all of wash-basins or washing utensils in the infirmary, and the only reference to "basins" whatever was in an entry of "in the infirmary men's day-room—basins, plates, knives, and forks," without stating what basins, and there was only an entry of "one pail in the place." He had no doubt there were more pails and wash-basins, but, of course, he was not going to put down more than he was charged with. He had no doubt these "basins" were "hand-bowls," though afterwards—so long afterwards as 1864—wash-basins were entered as hand-bowls. These were entered as in the kitchen, and the reason for this, he exclaimed, was because they were delivered there; but he was sure they were not all for use in the kitchen. Other utensils delivered on the same occasion, though similarly delivered, were charged against the rooms in which they were used—a fact which caused some remark. Washing bowls were first found as entered in the infirmary in 1865, when, as Dr. Powell had stated, he had made requisition for them, on finding that the patients who could not rise were washed in a very revolting manner. Though there was an entry of one iron washing bowl in the house, witness was sure there were more. The visiting committee of the guardians had never checked or gone over the inventory. Questioned as to the erection of the foul wards, he said when he first came there the diseases to which these were appropriated were unknown in this house, but immediately on the formation of the camp at Aldershot those cases began to come in, and they increased as the camp was developed. He described alterations which had been made in the house, and it transpired that the present guardians' board-room was formerly used for the inmates of the house, and then the floor was of brick; but that—and the statement caused some laughter—when the change of use was made the guardians had boards substituted for the brick, which they still consider sufficient for the old men's, the young children's, and other ground floor rooms in the house. It was also covered with matting. He deposed that he had expended money of his own and of the guardians for toys on more than one occasion for the children. Whenever, too, he went to London he made purchases of toys and other things for them. He denied that he had forbidden the people to have newspapers, but he had taken papers from two men, one of whom he had found neglecting work, and the other told him an untruth. He had also a recollection of taking another paper away for a similar reason, the details of which the witness entered into at some length. As to the tramp wards, he allowed that his general rule was to give no bread to vagrants at night, and so far from finding inconvenience from this he had found positive convenience, for, much to his satisfaction, he said, laughingly, some tramps had said, "If you won't give me bread, I won't have your lodging," and they then went away. Respecting the alleged epileptic, he had known the man to have a fit, and he allowed that, though he was classed as able-bodied, he was not; and there was seldom, he said, an able-bodied in the place. Witness had ordered these "able-bodied," of whom deceased was one, to clean out the cesspool, and denied that the man had been ill that day, or was lying in bed when ordered to this work, and his account of the affair which caused the man's death was that it was an accident, and that all that could be done for him had been done. He repudiated the assertion that he had caused anyone to stay away from the inquest on the man.

The further examination of the witness was continued at very great length.

The witness was not cross-examined by Mr. A. L. SMITH.

Some further evidence was taken with regard to the epileptic, and one of the deceased's companions, who was helping him to clean out the cesspool, volunteered, without question, the opinion that deceased had a fit, which caused him to fall in the slush. This man had often seen deceased in a fit.

Dr. POWELL was recalled by the Commissioners, and questioned respecting a letter which had been sent to him by Mr. Hawley, and had appeared in *The Times*. He allowed that he had sent the letter to *The Times*, and not Mr. Hawley.

SATURDAY, DECEMBER 7TH.

The proceedings commenced with the address of Mr. BARROW on behalf of the guardians. In a speech which occupied three hours and a half in delivery, he reminded the Commissioners that the question they had been considering was one of very great—he might almost say of national,—importance, relating, as it did, to the administration of the law which affected the well-being of thousands of the poorer classes of the community, who were scattered throughout the length and breadth of the land; and anything affecting either the law itself, or the efficiency of those to whom its administration was entrusted, must necessarily be matter of grave and serious importance. He was not, therefore, surprised to find that the present inquiry had attracted an unusual share of public attention; that they had been reported in the columns of various journals, and had been the subject of discussion throughout the country. Mr. Barrow then dwelt at length upon the circumstances which had led to the institution of the inquiry, with which the public are already fully acquainted, alluding at first to THE LANCET Commissioners, who now appeared in the character of plaintiffs, or prosecutors, while the master of the workhouse and guardians are defendants in the case, and, in fact, the

Poor-law Board itself. Every kind and sort of imputation had been cast upon these three sets of individuals, and though he appeared as the legal representative of one class of gentlemen only, it was necessary that a great deal said by him should apply to the other two. The guardians of the Farnham Union are gentlemen of character and respectability, those who were *ex officio* guardians being on the commission of the peace, and entrusted with the administration of justice in the neighbourhood. He therefore thought that persons in such a position might at any rate have claimed credit for good and honest intentions, and that the best, and not the worst, construction should have been put upon their action in this matter. After referring to the object of THE LANCET proprietors in promoting a commission for the inspection of workhouses, the learned counsel commented *seriatim* on several paragraphs in THE LANCET report, not one of which, he contended, was without some misrepresentation. With regard to the case of the epileptic, whose death was said to have resulted from falling into a cesspool and cruelty ascribed to the late master in employing him to assist in clearing that place, Mr. Barrow said the accusation made against the late master by Dr. Anstie, to the effect that the verdict of the jury ought to have been one of manslaughter would, he had heard it rumoured, be investigated in one of the superior courts of Westminster, which place he (the learned counsel) ventured to predict would be found too hot to hold him. Mr. Barrow next alluded to the state of Pandemonium, which, it was asserted, had prevailed in the house for a considerable period, and which was attributed to the unfriendly feeling existing between the various officers of the union. The guardians could say, without attaching blame to the Poor-law Board, that this state of things arose in this particular instance from the fact that the law did not permit them to dismiss their own officers at their will and pleasure. On the whole, however, the law was found to be a good, wise, and convenient one; but nothing on earth was perfect, and although the conveniences of that law might immediately outbalance the inconveniences, they did not shut their eyes to the fact that inconveniences might occasionally arise. The learned counsel concluded by thanking the Commissioners for the attention and perfect impartiality they had displayed throughout the whole of the protracted inquiry, and also Mr. Owen, for the able assistance he had rendered in the management of the voluminous documents which had been laid before them, and expressed his conviction that if in the result the inquiry should have the effect of improving in any way the management of the Farnham union, or unions generally (for the guardians were anxious to do their best that it should be improved), and if also the inquiry should have the effect of showing people that "sensational" articles can produce no other effect than that of recoiling upon the heads of those who write them, the time, labour, and trouble bestowed upon the investigation could not, he thought, be thrown away.

Mr. A. L. SMITH replied on behalf of THE LANCET, and having on a former occasion commented *seriatim* on the several paragraphs contained in THE LANCET report, he confined his remarks to the principal points of that production, with the view of showing that the statements made therein had been fully proved, or at least not disproved, referring especially to the washing of bed-ridden paupers in their chamber utensils, the state of the syphilitic wards, and to the case of the female tramp, Frances Hopkins, who, when on the verge of confinement, was locked up in the tramp ward, and detained there for fourteen hours without receiving an allowance of food. The learned counsel inquired whether, after having heard the evidence, there was a proper and efficient staff of nurses, a proper supply of utensils from which to eat and drink; whether the brick floors were sufficient; and finally, whether the furniture was not shamefully deficient. After ably dwelling upon these matters, individually and collectively, Mr. Smith further asked: Supposing the facts were proved, if the system of inspection, either of the inspector or visiting committee, which was known to exist, could longer be tolerated? and he attached an unusual degree of blame to those officials. He contended that THE LANCET Commissioners had conferred the greatest boon upon society in exposing the evils alluded to in their report, and that the conduct of the guardians was in contravention of the evidence which several of those gentlemen had given before the Commissioners. The learned counsel concluded by awarding credit to Dr. Wakley, who had instituted the inquiry, and to Dr. Anstie, the author of the "miraculous" report in THE LANCET, who, in the course of an inspection which had occupied but two hours and a half, had discovered and exposed numerous defects which the guardians and the members of the visiting committee had failed to perceive during a quarter of a century. Mr. Smith also expressed his concurrence in the remarks made by Mr. Barrow in compliment to the Commissioners by whom the inquiry had been conducted, and said that the public would look forward with interest and anxiety to their report, which, he felt assured, would be given in strict accordance with the facts.

Mr. LAMBERT, having complimented the counsel on both sides for the ability with which they had conducted the case, and also the guardians for the facility they had afforded in respect to the books of the union, said *that the inquiry could not fail to effect a great deal of good both locally and with regard to the general administration of the Poor Law throughout the country.* The evidence which had been adduced would be laid before the Poor-law Board, and their decision thereon communicated to the guardians in due course.

The inquiry, which had lasted thirteen days of about eight hours each, then terminated.

ABSOLON *VERSUS* STATHAM.

THE exercise of kindness and consideration in the every-day work of our profession seems specially to invite unfounded accusation; and it is therefore the more necessary for the profession, as a body, emphatically to protest against the prevalent fashion of fastening groundless charges upon its members. An opportunity now offers itself in the case of Mr. Statham. He needs, as much as any man ever did, our hearty sympathy, for his troubles have broken his spirit, and anxiety of mind has acted most injuriously upon his sensitive and honourable nature. So long as the trial was pending, Mr. Statham felt he could not receive any pecuniary aid; but now it will be most acceptable to him. Our sympathy with him cannot take a better shape than in the way of a goodly subscription-list, one that will represent a sum-total sufficiently expressive of the indignation of the profession at the unfair blow leveled at it through one of its most benevolent members. A meeting was held at the house of Mr. Saunders, George street, Hanover-square, on Monday last, to collect subscriptions for the re-imbursement of Mr. Statham, whose expenses are very heavy. At the trial, which recently took place, Sir William Fergusson, Drs. Anstie, Sansom, and others, gave their valuable time and evidence without remuneration. Mr. Fox, it is but right to add, has spent much time and trouble in Mr. Statham's behalf. Few men, indeed, exhibit an equal appreciation of the good offices of friendship. We shall be happy to receive further subscriptions, and to forward them to the proper quarter. The treasurer, Mr. Saunders, and Mr. Charles James Fox, 27, Mortimer-street, Cavendish-square, will also be glad to receive subscriptions. We announce the first list as follows:—

	£	s.	d.		£	s.	d.
Edwin Saunders, Esq.	5	5	0	J. D. Bush, Esq.	0	10	6
THE LANCET	5	5	0	Alfred Coleman, Esq.	1	1	0
Anonymous	5	5	0	Dr. Cursham	1	1	0
Richard Serwell, Esq.	1	1	0	Dr. Doubleday	2	2	0
Samuel Cartwright, Esq.	2	2	0	E. C. Hulme, Esq.	1	1	0
Dr. Cholmeley	2	2	0	Christopher Heath, Esq.	1	1	0
* J. T. Clover, Esq.	2	2	0	Dr. Jephson	1	1	0
Sir William Fergusson	2	2	0	W. Hunt, Esq.	1	1	0
F. J. Gant, Esq.	1	1	0	H. T. K. Kempton, Esq.	1	1	0
Duncan D Hepburn	1	1	0	Arthur Leared, Esq.	1	1	0
Dr. Hardinge	2	2	0	F. W. Mitchell, Esq.	2	2	0
T. Carr Jackson, Esq.	2	2	0	J. R. Mummery, Esq.	2	2	0
F. C. Jones, Esq.	1	1	0	W. D. Mitchell, Esq.	1	1	0
Dr. Meadows	1	1	0	H. Potter, Esq.	2	2	0
Dr. Morell McKenzie	1	1	0	Samuel Rymer, Esq.	2	2	0
Francis McClean, Esq.	1	1	0	Arnold Rogers, Esq.	1	1	0
Henry Moon, Esq.	1	1	0	Joseph Rogers, Esq.	0	10	6
James Robertson, Esq.	1	1	0	Charles Rogers, Esq.	1	1	0
Buxton Shillitoe	2	2	0	Hyde Salter, Esq.	2	2	0
A. J. Woodhouse, Esq.	2	2	0	Josiah Saunders, Esq.	2	2	0
* William R. Wood, Esq.	2	2	0	Joseph Steele, Esq.	1	1	0
John Wood, Esq.	0	10	6	Thos. C. Vidler, Esq.	1	1	0
Cæsar Hawkins, Esq.	3	3	0	Hermann Weber, Esq.	2	2	0
* Baker Brown, Esq.	3	3	0	J. Spencer Wells, Esq.	1	1	0
Campbell De Morgan, Esq.	1	1	0	George J. Williams, Esq.	1	1	0
Wm. Adams, Esq.	2	2	0	Charles James Fox, Esq.	2	2	0
Messrs. Armstrong & Son	2	2	0				

Those marked * have promised further help if needed.

EDINBURGH OBSTETRICAL SOCIETY.—The following office-bearers were elected for the next two years at the meeting held on the 27th ult.:—President: Dr. Burn. Vice-Presidents: Dr. W. Bryce, Dr. J. A. Sidey. Treasurer: Dr. James Young. Secretaries: Dr. R. Peel Ritchie, Dr. G. Stevenson Smith. Council: Dr. Menzies, Dr. Keiller, Dr. Stephenson.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

M. JARJAVAY, at his opening lecture, had to perform the operation of amputation of the penis upon two subjects. It has been wittily said that Lisfranc did not like to do this operation. He used to say that the patients were never very grateful to him for having performed it. Of the two men who were to be operated upon by M. Jarjavay, one appeared very sad and dejected, while the other was sprightly, and seemed to have *philosophised* himself into resignation. M. Maximin Legrand, in a very able and witty article, such as he is accustomed to write in the columns of *L'Union Médicale*, mentions a curious case of a man in whom the penis had been almost entirely removed, leaving a mere stump, and who had yet been admitted at the Hôpital du Midi, in M. Ricord's wards, for undeniable gonorrhœa. To return to M. Jarjavay's patients, in both the penis was the seat of malignant disease of a cancroid nature,—a term which had been converted, said the operator, into the more recent appellation of epithelioma. In both cases there had been no hereditary taint; but in both there was congenital phimosis, a circumstance which has been supposed to act as an exciting cause of degeneration of structure, on account of the constant irritation which it leads to, just as the habit of smoking the pipe has been supposed to bring on cancroid disease of the lip. M. Jarjavay established as a principle that the affected parts should be removed with an unsparing hand; no portion of degenerated structure should be left behind. He then discussed the question of the mode of amputation. He successively rejected the ligature, as proposed by Ruysch,—it was a painful operation, attended with no advantage; no écraseur was attended with the inconvenience of driving back the mucous membrane of the urethra, and of impeding the entrance of the probe after the operation. He therefore decided in favour of the bistoury. He insisted on the necessity of the skin being left in its normal situation during the operation; it should be drawn neither backwards nor forwards, lest in the former case it might be left too long, and form a sort of troublesome hood, and in the latter case might cause a part of the scrotum to be involved in the section. The operator said that he did not approve of the plan of placing a sound in the urethra before operating, a proceeding which involved some danger and much inconvenience; the division was not equable, and then the sound might disappear in the bladder, &c. It was really not difficult to introduce the sound after the operation.

The first part of M. Gosselin's introductory lecture at La Charité was consecrated to the memory of Velpeau; and in connexion with the subject M. Gosselin took a review of the surgical teaching of La Charité since the foundation of the hospital, dwelling mostly on its more recent period, and touching successively upon Desault, Deschamps, Boyer, and Roux, Velpeau's predecessor. M. Gosselin then showed a lad in whom fracture of the radius had been consolidated without the use of an apparatus. There was well-marked deformity, but the patient had preserved the perfect use of his hand. The lecturer dwelt at some length on the two desiderata in the treatment of fractures—namely, preservation of shape, and preservation of the use of the limb,—the two not being always obtained. He then performed the amputation of the thigh upon a young girl affected with an enormous uneven tumour, of fibro-plastic structure,—a term due to M. Lebert. As to the nature of this kind of tumours, they partook of the character of carcinoma in their tendency to recur, their spontaneous development, &c., but were less malignant. M. Gosselin said he decided in favour of amputation because he had observed that the removal of tumours in similar circumstances was always followed by death.

It may be a piece of information to mention that Professor Jarjavay lectures every Monday morning, and Professor Gosselin every Tuesday morning.

Paris, December, 1867.

DEATH OF M. FLOURENS.

THIS eminent physiologist has just died, at the age of seventy-three. For many years the deceased was at the head of the French experimentalists, and occupied the important office of permanent secretary to the Academy of Sciences. And, what is extremely rare, M. Flourens was a member of the "Académie Française," a learned body, restricted to forty members, who have all more or less distinguished themselves in French literature. The lamented philosopher had formerly been representative of the people, and peer of the French realm. For several years M. Flourens was in a very weak state of health, and unable to continue his lectures at the Musée d'Histoire Naturelle, a splendid institution, under the Government, where collections bearing on the natural sciences are arranged, and where gratuitous lectures and instruction are given to the laborious and intelligent cultivators of the different branches of natural sciences. It will be recollected that M. Flourens has maintained that, by proper management, human life should, in most cases, be extended to one hundred years. A more detailed account of the life and works of the deceased will be speedily offered to our readers.

Obituary.

SAMUEL SMITH, ESQ., F.R.C.S. (OF LEEDS).

MR. SAMUEL SMITH commenced his professional career under the auspices of his brother-in-law, Mr. Fawell, a general practitioner in Leeds, to whom he was indentured. After the expiration of his apprenticeship he pursued his studies in London and Edinburgh, and was for some time house-pupil with the late Sir Charles Bell. In 1812 he became M.R.C.S.; in 1843, honorary F.R.C.S.; and in 1865 he presided at the annual dinner of the Fellows of the College. Shortly after obtaining his diploma he commenced practice in Leeds; and in 1819, a vacancy having occurred in the office of surgeon to the General Infirmary by the death of Mr. Stansfeld, he offered himself as a candidate for the appointment, which he obtained after a severe contest with several competitors. This office he retained for a period of forty-five years, and during the whole of that time he took the most lively interest in his duties, and was most assiduous in the discharge of them. He was a sound surgeon, and a good and careful operator. His success as a lithotomist was considerably above the average. He was uniformly kind to his patients and courteous to his colleagues. The writer, who was one of those colleagues for more than twenty years, can bear testimony to the uninterrupted harmony which subsisted between them, and the cordiality with which they always acted together.

In 1864, in anticipation of the erection of a new infirmary on a much larger scale than the old one, it became necessary to increase the number of surgeons, and this led to a remodeling of the surgical staff. It was thought that the arrangements would be facilitated by Mr. Smith's resignation, and it was suggested to him that, after an almost unprecedented length of service, it would be a graceful act in him to retire, and make way for younger men, of whom there were several in Leeds who might fairly aspire, and who were well qualified, to succeed him in his office. Mr. Smith very handsomely yielded to these suggestions, and—not without a pang—resigned the office which he had held for so many years, with honour to himself and with advantage to his patients and to the institution, and to the duties of which he still felt himself fully equal. He did not, however, entirely sever his connexion with the infirmary; for, as a recognition of his long and valuable services, the Board of Trustees appointed him honorary consulting surgeon—an office which had not previously existed, and which may be considered to have been created expressly to do him honour, although his two former colleagues, Mr. Hey and Mr. Teale, received the compliment of the same appointment at the same time. Mr. Smith had no longer any responsible charge connected with the infirmary, and his attendance was quite optional; but, at his own special request, notice was always sent to him, as well as to the surgeons in ordinary, of all important accidents and operations, which he regularly attended; and although he took no active part, his large experience and sound judgment gave great value to his opinion, which was always received with respect and deference by his colleagues.

During several of the earlier years of his practice, Mr. Smith gave (gratuitously) a course of lectures on the bones to his own pupils, and such others as chose to attend them. At a later period he was one of the originators of a project for establishing a complete school of medicine in Leeds, for the purpose of giving lectures on all the subjects required to

qualify for examination at the College of Surgeons and Apothecaries' Hall. In this school, which was established in 1832, he took an active part, and continued to be one of the lecturers up to the time of his death. The subject he chose for his course was Midwifery and the Diseases of Women and Children, a subject for which he was eminently qualified, having had, in the exercise of his profession as a general practitioner, a very large practice as an accoucheur, and being frequently called into consultation in difficult cases. He also gave clinical lectures on surgical cases in the infirmary, and during the last few years he took a part in the surgical course. *

Having already noticed the cordiality which subsisted between Mr. Smith and his colleagues in the infirmary, it only remains to say that he maintained the same amicable relations with all his professional brethren in Leeds and the neighbourhood. His professional conduct was always strictly honourable. He scorned to take any unfair advantage; and those practititioners—especially the juniors,—who wished to avail themselves, in consultation, of his skill and experience, felt assured that their professional interests and reputation were safe in his hands.

On Wednesday, Nov. 13th, whilst already suffering from a slight pleurisy, he imprudently went out to visit a few patients, and took fresh cold. His complaint was much aggravated by this, advancing to pleuro-pneumonia, which terminated his long and useful life on Tuesday, the 19th, at the age of seventy-seven.

He was interred on Friday, the 22nd, at Moor Allerton, near Leeds; and the esteem in which he was held, and the general regret for his loss, were testified by the number both of professional and other friends who followed him to the grave, amongst whom were Dr. Chadwick, Dr. Heaton, Dr. Allbutt, Dr. James Braithwaite, Mr. Wm. Hey, Mr. Samuel Hey, Mr. Thomas Nunneley, Mr. J. A. Nunneley, Mr. J. I. Ikin, Mr. H. Chorley, Mr. H. W. Price, Mr. W. N. Price, Mr. C. Wheelhouse, Mr. Seaton, Mr. W. Hall, and Mr. Wright. The Leeds Infirmary, with which the deceased had been connected for about half a century, was represented by Mr. Bradley, house-surgeon, and the rest of the staff, in addition to whom there were about forty students of the Medical School.

* Mr. Smith contributed "Clinical Lectures on Surgery" to THE LANCET, and six lectures "On Lithotomy" to the Association Journal.

RICHARD WARINGTON, Esq., F.R.S., F.C.S.

THIS eminent chemist was born at Sheerness on Sept. 7th, 1807. He received the greater portion of his education at the Merchant Tailors' School, and in 1822 was apprenticed as house-pupil to J. T. Cooper, Esq., then lecturer on chemistry to the medical schools of Aldersgate-street and Webb-street. In 1828 Richard Warington became assistant to Dr. E. Turner at University College. He subsequently assisted as chemical analyst in the firm of Messrs. Truman, Hanbury, Buxton, and Co.; and during the eight years he remained in the employ of these gentlemen contributed several papers to the *Philosophical Magazine*, and also published a set of chemical tables for students. After leaving the brewery, he founded the present Chemical Society, and held the office of secretary for ten years. A few years later he was appointed chemical operator to the Society of Apothecaries, and fulfilled the duties until 1866, when ill-health compelled him to resign. Mr. Warington bestowed particular attention upon the question of water and gas supply to the metropolis, and from 1854 to 1861 was chemical referee to four of the metropolitan gas companies. We are indebted to him for many important papers on Chemistry, Natural History, and the Microscope, the titles of a few of which we subjoin: Chemical Symbols; Molecular Changes in Solid Bodies; Alcohol as a Test for the Purity of Croton Oil; New Media for Mounting Crystals and Organic Substances; Habits of the Common Prawn; The Balance between Animal and Vegetable Life in Fresh and Sea Water. Some years earlier he had commenced experiments on the relations of animal and vegetable life, and he published many interesting papers on the subject. He was also a member of the Microscopical Society, and invented a portable microscope. In 1862 he was chosen one of the jurors of the Chemical Section of the International Exhibition, and was also selected for the Paris Exhibition, but was unable to attend. In 1864 he was elected Fellow of the Royal Society. He was also consulting chemist to the London and Edinburgh Pharmacopœia Committees, and assisted Dr. Farre in preparing a condensed edition of Pereira's Materia Medica. He died at Budleigh Salterton (Devon) on Nov. 12th.

THOMAS RICHARDSON, Esq., F.R.C.S., &c.

ON the 2nd inst., at his residence, Charlwood-street, Belgravia, Thomas Richardson, Esq., late surgeon-major Scots Fusilier Guards, and surgeon to H.R.H. Field Marshal the Duke of Cambridge. Mr. Richardson entered the army as assistant-surgeon of the regiment in December, 1823, and retired on half-pay in March, 1857. During this lengthened period of service he was much esteemed and respected by his brother officers, and on withdrawal from the corps very honourable mention to this effect was recorded in a Minute by the commanding officer. His colleagues at the same time presented him with a piece of plate expressive of their regard. During the Crimean war Mr. Richardson's duties were necessarily rendered more than ordinarily onerous and responsible, from the extent of recruiting and invaliding which passed through his hands as senior medical officer attached to the regimental hospital in London. The approval of the Duke of Cambridge—at that time colonel of the Fusilier Guards—was evidenced in the appointment to his household subsequently conferred on Mr. Richardson. The deceased officer served with a battalion of his regiment in Portugal during the years 1826 and 1827.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 5th inst.:—

Byass, Edgar Spry, Cuckfield, Sussex.
Ewbank, Francis, Ryde, Isle of Wight.
Fawsitt, Thomas, King-street, Oldham.
Lettis, Thomas, Argyle-street, King's-cross.
Rogerson, John, Aberdeen-terrace, Grove-road, Bow.
Spencer, Thomas Charles Howell, Wokingham, Berks.

The following gentlemen also on the same day passed their first examination:—

J. A. T. Cartwright, and W. L. Roberts, of King's College, London.

SOUTH LONDON MEDICO-CHIRURGICAL SOCIETY.—A meeting of this Society was held on the 3rd instant at the Ophthalmic Hospital, Southwark, J. Z. Laurence, Esq., in the chair. The Chairman having made a few remarks with reference to the preliminary meetings which had been held, a code of laws was adopted for the government of the Society. The following gentlemen were then elected as the officers for the ensuing year:—President: Dr. Clapton. Vice-Presidents: Dr. Gervis and E. B. Jones, Esq. Treasurer and *ex-officio* Vice-President: J. Z. Laurence, Esq. Council: Dr. Bateson, Dr. Nichols, Dr. Kempthorne, Dr. Dixon, and Dr. Tanner, H. Brentchley, Esq., John Lacey, Esq., H. J. O'Donnell, Esq., and E. Chabol, Esq. Honorary Secretaries: Robert C. Moon, Esq., and Dr. Constable. It was resolved that the next meeting of the Society should be held on the second Thursday in January, 1868, at 8 o'clock in the evening, when Dr. Clapton will deliver an inaugural address.

CAMBRIDGE GUARDIANS AND THEIR MEDICAL OFFICER.—Another dispute has arisen between the Cambridge Board of Guardians and their medical officer, Dr. Ransom. It appears that, under the Consolidated Orders of the Poor-law Board, the initials of the medical officer of a union are required to be placed in the medical book to all cases where extra allowances to paupers are given. For years past it has been the custom at the Cambridge union to employ a number of aged paupers in various ways, the males for such extra services being allowed beer, and the females the same (and in some cases a glass of gin when up at night). In July last, Dr. Ransom declined longer to put his initials to such allowances, alleging as a reason that the medical officers' book was swelled out, and that the charge ought to go elsewhere. The consequence was that the auditor surcharged the workhouse master with the amount, £3 19*s.* 11*d.*; but the guardians investigated the matter on Wednesday last, and an appeal has been made to the Poor-law Board upon the subject. The guardians have ordered the allowances, undertaking to hold the master harmless.

DR. LIVINGSTONE.—Dr. Kirk declares he has scarcely any doubt that Livingstone is alive; and Dr. Kirk would not be likely to make this declaration hastily, in the first place because he is a cautious Scotchman, and in the second place because in so doing he contradicts his first report; and no one

is easily convinced that he has been misled. The hopeful part of his statement is this: that he drew the narrative of the white man wandering in the far interior *indirectly* from the natives. Dr. Kirk, as an old African traveller, recognises the importance of this; for the gentle Ethiopian is the natural courtier of the white man; he studies above all things the art of pleasing, and when he is asked a question his anxiety is to give a reply which (as he thinks) will gratify the questioner.—*Pall Mall Gazette.*

TESTIMONIAL TO A SURGEON.—A number of staff officers who have been attended at the army at Aldershot, have just presented Dr. D. P. Barry with a handsome silver inkstand and a paper-knife, with the following inscription on the former: "Presented to D. Paterson Barry, Esq., staff surgeon-major, on his retirement from the service, by the officers of the staff at Aldershot, in recognition of his unvarying kindness and attention. October, 1867."

A MAN of the name of William Robson was convicted at the Durham assizes last week for forging a medical certificate to the effect that he was permanently disabled as a seaman. He was sentenced to two years' imprisonment.

LAST week a woman living in St. Michael-street, Dumfries, gave birth to four male children, all living. The father is a weaver of tweeds employed in a factory at Dumfries.

IMPORTANT LUNACY PROSECUTION. — The inquiry into the charges preferred against Dr. Shaw, of The Firs, Burcham, near Elmstree, Hertfordshire, of infringing the lunacy laws, was closed on the 6th at Bow-street Police-court, by the presiding magistrate committing the defendant for trial at Hertford, accepting his own recognisances as before.

THE NATIONAL COTTAGE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, VENTNOR, ISLE OF WIGHT.—Upwards of £1000 have been contributed towards the building fund of this hospital during the past few weeks. Amongst the contributors we notice most particularly the following:—Lord Heytesbury, £21; Viscount Eversley, £21; Sir Augustus Clifford, £21; Sir Charles Locock, £21; D. Wingfield Digby, Esq., £21; Thomas Le Marchant, Esq., £21; Sir H. St. John Mildmay, £21; William Jones Lloyd, Esq., £21; J. Gurney Barclay, Esq., £10; Edward Chance, Esq., £31 10s.; Sir John Simeon, M.P., £21; C. Wykeham Martin, Esq., M.P., £21; George Hibbert, Esq., £30; Sir Henry Oglander, £21; The Countess of Mornington, £25. We congratulate Dr. Hassall upon the great and most encouraging success with which his efforts to found a most useful institution have already been rewarded.

PRESENTATION.—A richly-chased silver salver has been presented to Dr. Trew, of Aspley Guise, Bedfordshire, by the Ancient Order of Foresters (Court, 1890,) "as a slight mark of their high appreciation of his skill and kindness as their medical adviser during the past ten years."

UNIVERSITY OF EDINBURGH.—The Annual Meeting of the Association for the better Endowment of the University of Edinburgh, was held a few days ago, under the presidency of Lord Deas. The report of the Committee states that an appeal is about to be made to the public to provide additional accommodation for the departments of chemistry and anatomy; and a hope is expressed that Government will not fail to aid the medical school of the University in carrying on its work successfully.

MEDICAL VACANCIES.

Brighton and Hove Lying-in Institution—Resident House-Surgeon.
Littlemore Pauper Lunatic Asylum—Medical Superintendent, vice Mr. Ley, resigned.
Middlesex House of Correction—Surgeon, vice Mr. Lavies, deceased.
North Devon Infirmary—House-Surgeon.
St. George, Hanover-square Dispensary—Physician-Accoucheur, vice Dr. Smith, resigned.
Sheffield Public Hospital—Assistant House-Surgeon.
Stepney Union (No. 3 District)—Medical Officer.

MEDICAL APPOINTMENTS.

Mr. E. AUSTIN has been appointed Sub-Librarian of the Liverpool Medical Institution.
A. A. BOYLE, L.R.C.P.Ed., has been appointed Medical Officer for the Kirkham No. 2 District and the Workhouse of the Fylde Union, Lancashire, vice T. Shaw, M.R.C.S.E., resigned.
H. T. BROUGHTON, M.R.C.S.E., has been elected Resident House-Surgeon to the Infirmary and Dispensary, Bradford, Yorkshire, vice J. W. Snook, M.R.C.S.E., resigned.
D. DYCE BROWN, M.A., M.D., has been elected one of the Medical Officers of the Aberdeen General Dispensary, vice Dr. Sutherland, deceased.
J. C. BROWN, B.Sc., late Assistant to the Professor of Chemistry at Aberdeen University, has been appointed Professor of Chemistry and Toxicology in the Liverpool Royal Infirmary School of Medicine, vice Dr. E. H. Birkenhead, deceased.
E. BRYAN, M.R.C.S.E., of the Public Hospital, Sheffield, has been appointed Resident Dispensary Surgeon to the Infirmary and Dispensary, Bradford, Yorkshire, vice Broughton, appointed Resident House-Surgeon.
H. CANDLISH, M.D., has been appointed Hon. Physician to the Infirmary, Alnwick, Northumberland, vice E. A. Hedley, M.D., deceased.
A. CÆSAR, L.F.P. & S. Glas., has been appointed Medical Resident to the Tower Hamlets Dispensary, Commercial-road East, vice W. T. Colman, M.R.C.S.E., resigned.
N. C. DONSON, M.R.C.S.E., has been appointed Assistant House-Surgeon to the Bristol General Hospital, vice J. H. Wathen, M.R.C.S.E., resigned.
Dr. ELLIOT, late of Shrewsbury, has been elected Physician to the Hull Infirmary, vice Sandwith.
R. ELLERY, L.R.C.P.Ed., L.M., M.R.C.S., &c., late Resident Medical Officer to the Central American Mining Company (Limited), has been appointed Medical Officer and Public Vaccinator to the No. 1 District of the Plympton St. Mary Union and Workhouse, vice G. G. Bothwell, resigned.
G. FISHER, M.R.C.S.E., has been appointed House-Surgeon to the Worksop General Dispensary, vice P. J. Simpson, M.R.C.S.E., resigned.
F. C. G. GRIFFIN, M.B., has been appointed Medical Officer and Public Vaccinator for the Melcombe Regis District of the Weymouth Union, vice H. Tizard, M.D., resigned.
W. GRIFFITH, L.R.C.P.I., has been appointed Medical Officer and Public Vaccinator for the Overton District of the Ellesmere Union, Salop, vice A. Eyton, L.R.C.P.Ed., resigned.
Mr. H. HARRIS, L.S.A., has been appointed Resident Medical Officer to the Royal Hospital for Diseases of the Chest, City-road.
Mr. J. HOTHER has been appointed Medical Officer for District No. 3 of the Newhaven Union, Sussex, vice F. W. S. Wicksteed, M.R.C.S.E., resigned.
Mr. A. JAMES has been appointed Dispenser at the Nottingham Union Workhouse, vice Mr. R. James, resigned.
E. JENKINS, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the North or No. 4 District of the Llandilofawr Union, Carmarthenshire, vice R. P. Edwards, M.R.C.S.E., resigned.
R. A. JONES, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Llanidan District of the Carnarvon Union, vice B. Jones, M.R.C.S.E., resigned.
J. M. KIRKMAN, M.R.C.S.E., has been appointed Assistant House Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital, vice Chas. Nutt, M.R.C.S.E., L.S.A., resigned.
Dr. W. O. LAMBERT has been appointed by the Local Marine Board Inspector of Seamen for the Port of Sunderland, under the provisions of the New Mercantile Marine Amendment Act, which comes into operation on the 1st of January, 1868.
G. M'DONALD, M.D., has been appointed Medical Officer to the St. Marylebone Schools at Southall, vice J. R. A. Douglas, M.R.C.S.E. (from Lady-day, 1868).
J. C. M'DONALD, L.S.A.L., has been appointed House-Surgeon to Westminster Hospital, vice C. T. Winckworth, M.R.C.S.E., whose appointment has expired.
J. M'GIBBON, M.D., has been appointed Certifying Factory Surgeon to the Ballindalloch Cotton Works, Balfron, and to the Woollen Mills at Gartness, Stirlingshire, vice T. W. Burgess, L.R.C.S.Ed., deceased.
A. J. MAIN, M.D., has been appointed Hon. Surgeon to the Infirmary, Alnwick, Northumberland, vice Candlish, appointed Physician.
E. N. MARTIN, L.K.Q.C.P.I., Medical Officer for the Lullington District of the Burton-upon-Trent Union, has been appointed Public Vaccinator.
S. MITCHELL, M.D., M.C., has been appointed Senior Assistant Medical Officer to the West Riding Asylum, Wakefield.
A. H. MORRILL, M.R.C.S.E., has been appointed House-Surgeon to the Kent County Ophthalmic Hospital, Maidstone, vice J. C. White, M.B., resigned.
Mr. L. NEWTON has been appointed Medical Officer for the Alconbury and Sawtry Districts of the Huntingdon Union, vice Newton, deceased.
O. PENFOLD, M.R.C.S.E., &c., has been elected Resident Surgeon to the Poplar Hospital, vice F. J. Hawthorn, M.R.C.S., &c., resigned.
H. POWER, M.B., has been appointed Lecturer on Ophthalmic Surgery at St. George's Hospital.
D. R. PUGHE, M.R.C.S.E., has been appointed Medical Officer for the Tallyllyn District of the Dolgelly Union, Merionethshire.
Dr. M. W. RICE has been appointed Resident Physician's Assistant at the Middlesex Hospital, to succeed H. Chaldecott, M.R.C.S.E., whose appointment is about to expire.
C. ROGERS, L.R.C.S.Ed., has been appointed Surgeon to the Islington Dispensary, vice W. J. Smith, M.B., resigned.
J. RUTHERFORD, M.D., has been appointed Assistant Medical Officer to the Birmingham Borough Lunatic Asylum, vice W. F. Crosskey, M.D., resigned.
R. P. SIMPSON, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Wyke Regis District and the Workhouse of the Weymouth Union, vice A. S. Samson, M.R.C.S.E., deceased.
Mr. W. H. M. SMITH has been appointed Physician-Accoucheur's Resident Assistant at the Charing-cross Hospital.
R. D. TANNAHILL, M.D., F.F.P. & S. Glas., has been elected Physician-Accoucheur to the Glasgow Lying-in Hospital.
G. THOMPSON, M.R.C.S.E., has been promoted from the Office of Clinical Clerk to that of Assistant Medical Officer to the West Riding Asylum, Wakefield.
Dr. A. C. WALKER has been elected Medical Officer to the newly formed Omagh East Dispensary District of the Omagh Union, Co. Tyrone.
A. WALLER, M.R.C.S.E., has been appointed Resident Medical Officer to the Islington Dispensary, vice A. J. Freeman, M.B., resigned.
J. R. WHITE, M.B., has been appointed Assistant Medical Officer to the Asylum for Idiots, Earlswood, Redhill, Surrey, vice Saunders, resigned.
T. W. WILLIAMS, M.R.C.S.E., has been appointed a Surgeon to the Birmingham Orthopædic Hospital.
J. G. WILSON, M.D., F.R.S.Ed., Lecturer on Midwifery in Anderson's University, has been elected Physician-Accoucheur to the Glasgow Lying-in Hospital.
C. T. WINCKWORTH, M.R.C.S.E., has been appointed House-Physician to Westminster Hospital, vice C. H. Furnivall, L.S.A.L., whose appointment has expired.

Births, Marriages, and Deaths.

BIRTHS.

On the 22nd ult., at Haslemere, the wife of Dr. Hamond, of a son.
On the 24th ult., at Ipswich, the wife of W. A. Elliston, M.D., of a daughter.
On the 28th ult., at Millbrook House, Hampstead-road, the wife of C. C. Claremont, M.R.C.S., of a daughter.
On the 29th ult., the wife of Thos. Moore, F.R.C.S., of Old Steine, Brighton, of a daughter.
On the 29th ult., at Maryport, the wife of Dr. Crerar, of a son.
On the 3rd inst., at Aycliffe, Darlington, the wife of Alfred Scott Gell, M.R.C.S.E., of a daughter.
On the 7th inst., at Quarry-bank, Tranmere, Cheshire, the wife of J. F. Brice, M.R.C.S., of a daughter.
On the 9th inst., at the Vicarage, Abbotsbury, Dorset, the wife of Theo. Parker, M.D., of a son.
On the 9th inst, at Olinda Villa, Seaforth, Liverpool, the wife of Dr. C. Swaby Smith, of a daughter.

MARRIAGES.

On the 7th ult., at the Parish Church of Llanybyther, Herbert Davies, M.R.C.S.E., to Charlotte Elizabeth, youngest daughter of the late James Edward Moreton Douglas, Esq., of Rhydyfran, Cardiganshire.
On the 26th ult., at St. Stephen's, Westbourne-park, Frederick J. Earle, M.D., of H.M.'s Indian Service, to Edith Louisa, daughter of Lieut.-Col. Carruthers.
On the 27th ult., at Witton Church, Northwich, Cheshire, Robert Arthur Jones, Surgeon, &c., of Castle-square, Carnarvon, second son of the late Robert Jones, Surgeon, &c., of Bron Hendre, Carnarvon, to Elizabeth Anne, second daughter of William Sutton Bradburne, Solicitor, Winnington, Northwich.
On the 27th ult., at St. Helen's, Auckland, Wm. Easby, L.R.C.S., L.R.C.P.E., to Eliza, youngest daughter of E. T. Flintoff, Esq., late of Bishop Auckland.
On the 5th inst., at the Parish Church, Leamington, Charles J. Denny, Esq., of Ashted, Birmingham, to Dania Mary, only daughter of the late John Howlin, Esq., J.P., D.L., Co. Wexford.
On the 11th inst., at the Parish Church of St. Bees, Cumberland, Clement Palmer, M.R.C.S.E. L.R.C.P.Ed., &c., second son of the late A. R. Palmer, Esq., of Haddiscoe Hall, Norfolk, to Mary Louisa, second daughter of Henry Collins, Esq., of Kundallan, St. Bees.

DEATHS.

On the 4th of Sept., at Negasaki, Japan, Huston Maxwell, M.D., Surgeon H.M.'s Ship "Icarus."
On the 27th ult., at Clydeview, Patrick, Glasgow, Thomas Clark, M.D., late Professor of Chemistry, Marischal College, Aberdeen.
On the 29th ult., at Sheerness, Maria Louisa, the wife of John Jaap, M.D. Friends will please accept this intimation.
On the 30th ult., P. Murphy, M.D., of Cork.
On the 1st inst., Geo. S. Snowden, F.R.C.S.E., of Ramsgate, aged 59.

BOOKS ETC. RECEIVED.

Mr. J. H. James on External Inflammations.
Dr. Flint's Physiology of Man.
Dr. Eve on Hip-joint Operations.
Dr. Porter's Surgical Reports.
Catalogue of the Army Medical Museum, Washington.
Naquet's Principles of Chemistry.
Dr. Willis on the Sudoriparous Glands.
Dr. Byford's Medical and Surgical Treatment of Women.
Atlas on Diseases of the Skin. No. 155.
Dr. Cohen on Inhalation.
Dr. Rumsey's Address on State Medicine.
&c. &c. &c.

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To Correspondents.

"PRESCRIPTIONS CAREFULLY PREPARED."

AMONGST the many improvements which have taken place in the practice of medicine, one of no little importance is this, that physicians of the present day for the most part write a legible hand. The miserable scrawls which formerly puzzled students and druggists to decipher, and which only looked as if a fly had dipped his legs in ink and then waddled over a sheet of paper, are only now to be seen in museums. But with this improved penmanship, the responsibility of the compounder of the prescription increases; for where all is clear, the blame of any mistake which may be made in the preparation of the medicine will not be able to be shifted on the shoulders of the prescriber. Now there are many circumstances which lead us to think that druggists, as a body, are not as careful in "preparing prescriptions" as they should be. For example, we believe that if the same prescription were made up on the same day at twelve different chemists' shops between the Marble Arch or Charing-cross and Mile-end, not more than three of the resulting mixtures would correspond, unless the most commonplace drugs had been ordered. But the point we wish more particularly to insist upon at present is, that the assistants in the various shops will seldom take the pains clearly to write the directions on the labels. In the case of consulting physicians, many are found to order mixtures in a rather concentrated form. It is a convenient plan, and with moderate caution has no disadvantage, though it is not a very popular one with the dispenser. Such a prescription will end with a distinct direction that it is to be labeled thus: "One teaspoonful in a wineglassful of water every six hours." The patient is ordered to persevere with this medicine until he is seen again at the end of two or three weeks. Well, he goes to his druggist, gets the medicine, finds it properly labeled, and all is right. But at the end of a week the supply is exhausted. The patient has his prescription made up again, and this time it is sent home labeled: "The drops as before." Now we have no hesitation in saying that this is a most unjustifiable proceeding, for it is one fraught with great danger. The chemist is told by the physician how the medicine is to be labeled; the direction is given as plain as a pikestaff. Yet the dispenser, to save himself a little trouble, deliberately refuses to do what he is told, and runs the risk of injuring, if not of poisoning, his customer. We maintain that in a case of this kind the druggist has no choice as to what he is to do. He is told what drugs to use, and the quantities required; he is also told how to direct the resulting medicine. Whether the prescription be made up once or twenty times, the rule applies the same. It is quite unnecessary to show how easily a mistake may be made if the dose of medicine given from a bottle labeled "The mixture as before" be poured out by a different hand to that which has administered the previous doses. It may not, however, be altogether useless to remark that if any mistake should occur under these circumstances, the dispenser will find himself in a very unpleasant position. The fact is that it is impossible to exercise too much caution in compounding medicines. All should be so well done, and all should be so distinct, that there can be scarcely any possibility of a mischance. It is said that an accident soon happens; but in nine cases out of ten it will be found that the so-called accident has been the natural result of gross carelessness.

One who likes Study, not Worry.—We believe that our correspondent must submit to the examination, and furnish the report required. There is one rule, which applies equally to all medical officers. The idea is, we believe, not only to determine whether a man has kept up with the progress of medical science, but to ascertain also whether he has familiarised himself with those sanitary and other matters required of an army surgeon holding an independent charge.

Dr. Tidy's paper "On Poisoning by Colocynth" shall appear in an early number.

TREATMENT OF ICHTHYOSIS.

To the Editor of THE LANCET.

SIR,—I have a case of ichthyosis, and I should be much obliged if any of your readers could inform me of a remedy. My patient is aged six years; the disease first made its appearance when he was about six months old. I have been treating him for nearly six months with alkaline baths, and mixtures composed of Fowler's solution, iodine, and iodide of potassium, but without apparent benefit. The scales cover the whole body, except the hands, face, and feet. I am, Sir, yours very truly,

Billingshurst, Sussex, December 7th, 1867. B. H.

Mr. J. Miles, (Greenw'ch.)—When the summons is issued by a Coroner to a medical witness to make a post-mortem examination of a body and to give evidence at an inquest, he is entitled to a fee of two guineas. In the present case, the post-mortem having been made, and the Coroner at his own request supplied with the result, no inquest having been held in consequence of the death having been found to be natural, the fee of two guineas is equitably due to our correspondent. We assume, of course, that the summons had been issued in accordance with the provisions of the Medical Witnesses Act.

Dr. E. H. Visen.—We regret that we cannot at present insert any more letters on the subject of hot-air baths.

IF *W. J. W.* (Ballymena) wishes to make his "theory" public, it must be done without any stipulation as to compensation from the public or the profession. Secret remedies are opposed to the ethics of medicine.

Mr. T. K. Goodsir.—We know nothing of either of the persons named.

DWELLINGS OF THE LABOURING CLASSES.

MR. HENRY ROBERTS, F.S.A., whose services in connexion with the Society for Improving the Condition of the Labouring Classes are widely known and appreciated, has published a fourth, revised, and greatly enlarged edition of his work, which treats of the essentials of a healthy dwelling, and details the successive steps which have been taken up to the present time for extending the benefits of such dwellings to the labouring population. Mr. Roberts shows that, although a good deal of progress has been made in this matter—more, as we think, in regard to the ventilation and discussion of the evil and its remedy than in actual provision,—we are only on the threshold of improvement. "So vast is the field, and so urgent the need, especially in the metropolis, where the evil has been much aggravated by the destruction of household property consequent on public improvements, and the introduction of railways into its very centre, that no adequate results can be expected without greatly increased and combined efforts, more especially on the part of employers of labour, who in the capital of Great Britain have not in this respect manifested that sense of responsibility which has led to efforts, on a large scale, in many of our agricultural, manufacturing, mining, and quarry districts." Mr. Roberts gives a tabular statement, which is both interesting and valuable for reference, comprising the name, situation, capital, and dividend of the several associations or owners of model dwellings in London; and his book is enriched with ground plans and elevations of such dwellings and of others suggested by himself to suit various conditions. As more than 5000 copies of this excellent text-book have already been distributed, we may reasonably hope that the seed thereby sown will in due time yield the harvest which we most sincerely desire.

L. M. D. wishes to know where Sergeant's American Coffee-pot, shown at the Paris Exhibition, is to be obtained.

Medicus (Edinburgh) should consult Cooley's Book of Receipts.

LATERAL CURVATURE OF THE SPINE.

To the Editor of THE LANCET.

SIR,—The utmost art of a very practised writer could scarcely produce in a space so small as Dr. Dick's letter, in your impression of last week, so many and so excellent examples of that particular fallacy known in logic as the *petitio principii* in English as "begging the question."

In saying that "those muscles which are most active in producing deformities pass into a state of fatty or fibrous degeneration," he begs the whole question of the production of deformities, the whole question whereon I differ so widely from orthopædy as at present practised and professed. Fatty degeneration will occur in any muscle thrown out of use by paralysis, anchylosis of its joint, or other cause, especially if, the ends being approximated, it be kept loose. If, on the other hand, the muscle, losing totally or in great part its healthy sphere of action, be so placed that it is kept constantly tense, then two forms of change take place: the true muscular substance becomes fatty, and slowly disappears; while the other portions of the structure increase their fibrous character. Thus muscles which, remaining at first contractile, lose through causes external to themselves their free play, slowly lose also their power of alternate relaxation and contraction, approaching in structure and in function ligamentous bands. The pathological changes, therefore, simply denote entire want or diminution of use under some one of the added conditions (looseness or tightness).

In his next paragraph, your correspondent says that "all the muscles actively engaged in producing or maintaining the deformity were in a state of fibrous degeneration;" and here he mistakes the *post hoc* for the *propter hoc*, and founds another *petitio principii* upon his formerly begged question. The muscles which were thus diseased were simply those which in the new position of the spine were debarred their healthy action, and kept tense. I presume they were the erectores spinæ; and until Dr. Dick can show how such muscles produce torsion, he will not be able to prove them to be the causes of lateral curvature.

The exaggerated but otherwise healthy action of the serrati would entirely prevent those muscles from assuming either form of degeneration, and I am happy to hear that, in finding them sound, he confirms my views; for if in a single instance of lateral curve (save from paralysis on one side) these muscles were found degenerated, I must have altogether abrogated or greatly modified the doctrines promulgated in the lectures under publication.

I am, Sir, your obedient servant,

George-street, Hanover-square, Dec. 10th, 1867. RICHARD BARWELL.

To the Editor of THE LANCET.

SIR,—In reference to the treatment of lateral curvature of the spine, as recommended by Mr. Barwell in the last number of your journal, I think it right to state that the method of elevating the hip on the side of the convex lumbar curve, in the sitting posture, has been for many years, amongst other bio-mechanical means, in use in Ling's medico-gymnastic treatment, having been first demonstrated by myself in the year 1839, on the occasion of a visit to the Royal Gymnastic Central Institution of a section of the Congress of Scandinavian Physicians and Naturalists, meeting that year in Stockholm.

At the same time, far from detracting from the merits of Mr. Barwell's proposed plan of treatment, I would rather hail it as a step towards a more physiological treatment of spinal deformities than the usual orthopædic proceedings.

Your obedient servant,

A. GEORGII,

Formerly Professor of Anatomy at, and Sub-Director of, the Royal Gymnastic Central Institution at Stockholm.

Wimpole-street, December 9th, 1867.

*** Here this controversy must terminate.

H. B. H.—1. The Contagious Diseases Act has not, we believe, been applied to the stations named by our correspondent (Shorncliffe, Hythe, and Dover).—2. Civil surgeons are eligible for the appointments of inspector or examining surgeon under the Act, which are not exclusively held by military medical officers.

THE communication of *Dr. W. H. Day* shall appear in our next impression.

PROTECTION FOR ENGINE-DRIVERS.

WE rejoice to see *The Times* exerting its powerful influence to obtain for the engine-drivers protection from unnecessary exposure to cutting winds and the driving snow and rain, which is not only a cause of waste of vitality to the men, but a source of positive danger to the public. That engine-drivers should be great sufferers from facial neuralgia is only what might be expected from the speed at which they are constantly rushing through the air, without any sort of adequate protection. It ought to be fully understood that the small projection with the glass sight-holes, common on some of our lines of railway, is quite insufficient; and that not much importance is attached to it is evident from the frequency with which engines are run even long journeys and at express speed, with their tenders reversed, so that the shield is *behind* instead of *before* them. There is no valid reason why this practice should not be discontinued. The suggestion that the driver and stoker should be enclosed in a glass-house, as on the American lines, is eminently practicable, and would prove an immense advantage to the health of the men if it were adopted. At the Exhibition of 1862 there were engines of English manufacture, in which the driver and his assistant were thus protected; but they were built for foreign service. In this respect, as in many others, we need to go abroad to learn how things ought to be done at home.

Mr. J. Mitchell, (Barrow-in-Furness.)—There is no remedy for the evil, unless the offender assumes some title implying that he is registered under the Medical Act. If he does so, he can be summoned before a magistrate, and fined.

Mr. Thomas Smith's paper on "Hare-Lip" shall be inserted next week.

THE SURREY DISPENSARY.

To the Editor of THE LANCET.

SIR,—As Dr. Hooper has been pleased to occupy a portion of his leisure time in bringing the private affairs of the Surrey Dispensary and my name rather prominently before the profession in a somewhat personal manner, I trust you will allow me to offer a few remarks in reply to the statement he has made, which does not exactly represent the facts of the case.

Dr. Hooper and I had differed in opinion as to whether a registered graduate in Medicine of a British University and licentiate of the Royal College of Physicians of London, engaged in practice as a physician and not practising pharmacy, was properly entitled to be considered a "physician," and legally qualified to practise as such.

Without mentioning any names of place or persons, I forwarded to you my view of the case, and asked your opinion, as the most likely person I could think of, to solve this medico-legal question. In THE LANCET of the 23rd ultimo, page 663, your reply completely coincided with my view, and differed, *toto cœlo*, from that held by Dr. Hooper. This gentleman does not attempt to impugn the correctness of your decision in the matter; but he accuses *me* of having made a proposal to alter the rules of our dispensary. The fact is, that I am content with the present rule, and desire it to remain unaltered. It is Dr. Hooper who has proposed an alteration. He has told you that our rules "require that a candidate for the office of physician shall be a Member or Fellow of the London College of Physicians." This is not quite correct. The clause in question (Rule XXIV., page 21) runs thus: "No person who is not qualified by the Royal College of Physicians of London to practise as a physician, nor any person practising pharmacy, shall be admitted a candidate for the office of physician." I beg to say that *I do* "consider this rule a very wise and proper one." I believe it has hitherto worked well, and that no necessity has arisen for any alteration. I maintain that if the L.R.C.P.L. is *not* qualified to practise as a physician, the existing rule excludes him from being admitted a candidate; but that if he *is* so qualified, it would be an act of injustice to a large body of respectable and educated men to place a disqualification upon them which does not at present exist.

If an alteration *must* be made, I think we should either enlarge the rule in accordance with the comprehensive and liberal spirit of modern medical legislation, or require the possession of a M.D. or M.B. degree in addition to a Physician's diploma. We ought not to *create a monopoly* for the exclusive benefit of the holders of *one* particular diploma, when it is well known that *many other diplomas* confer *equal legal rights*, and that *the status of a physician depends more on the mode of practice which he adopts than on the special licence which he holds*.

I have heard that there are "*ready-made*" physicians who occasionally prescribe for a fee of *five shillings*, and who attend families by the year at a scale of charges which cuts out the general practitioner. This mode of practice may be *pure et simple*, and does not infringe any bye-law of the College; but it does not accord with my idea of a "pure physician of the old stamp." As Dr. Hooper *affects a sneer* at the *Scotch graduates*, he is probably not aware that the London College of Physicians offered its *membership, without any additional examination*, to those who had taken such degrees previously to 1861.

I am, Sir, yours, &c.,

JOHN DIXON, M.D. St. Andrews, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., L.M., Surgeon to the Surrey Dispensary.

Jamaica-road, S.E., December 9th, 1867.

J. M. B. acted with perfect propriety. When a medical gentleman is requested to attend a patient, and does so in ignorance that any professional brother is in attendance, he commits no breach of professional etiquette by continuing to attend. If he afterwards ascertains that he has merely been called in in the absence of the family medical adviser, and then retires from the case, it would be most unjust to charge him with a breach of good manners.

F.R.C.S.—1. The medical officer appointed to examine recruits at Exeter is in the militia, and is resident in that city. The regulations make it imperative that if there be a militia surgeon, he must be employed for all military duties before a civilian medical practitioner.—2. Apply to the Horse Guards, Whitehall.

Mr. J. S. Harris is entitled to a fee for signing certificates of lunacy in cases of pauper patients. He should send his account to the guardians.

PLYMOUTH DISPENSARY.

THE Sixty-Ninth Annual Report of the Plymouth Public Dispensary gives a summary of the work done by the medical and surgical staff in carrying out the objects of the charity, from which it appears that since its foundation in 1798 an aggregate of 99,712 patients have been treated, of whom 50,022 were attended at their own homes. During the year ended 13th August last, 2985 new patients came under care, of whom 2568 were cured or relieved, and 95 died—12 of the deaths occurring from zymotic and 83 from sporadic causes. 994 of the year's patients were too ill to come to the dispensary, and were therefore visited at their own homes; 28 were furnished with laced or elastic stockings for the relief of varicose veins, 63 with trusses, 6 with iron apparatus for the support of weak or deformed limbs, and 5 with other instrumental appliances. It would be difficult to overrate the value of these town dispensaries, which differ in principle from any mere eleemosynary charity, in so far as the subscribers are induced to inquire into the *bond fides* of every case which they recommend for relief. Plymouth appears to have been more healthy than usual last year (ending August); there was no very prevalent epidemic, and the general death-rate was 22·6 per 1000, or 3 per 1000 less than in the year preceding. It is noteworthy that small-pox caused only one death last year, while in the previous twelve months it was very prevalent, and killed 96 persons. Cholera, as we already know, was not epidemic at Plymouth during the general outbreak of last year.

Scrutator.—We think the circular of Dr. Bloomenthal is somewhat irregular; but if he succeed in getting 6*s.* 9*d.* per annum from every member who joins his projected "Private Club for Operatives," he will receive a remuneration far beyond that which is usually obtained from associations of that kind. "Scrutator" may rest assured that Dr. Bloomenthal will have great difficulty in persuading the operatives of Chorley to pay their doctor *so liberally*.

Principia.—1. It will depend upon the extent of the varicose condition.—2. The Director of the Laboratory of the Pharmaceutical Society would supply the information.

W. H. C.—Fresh beef contains about 75 per cent. of water.

PUBLIC VACCINATORS.

To the Editor of THE LANCET.

SIR,—In answer to your correspondent in last week's LANCET, allow me to state that my father, the late Mr. Geo. Simpson, of 18, Gower-street, was public vaccinator at the Tottenham-court-road station for twenty-five years. He was taken seriously ill, and wished his son-in-law, Mr. Wm. Faulkner, to do duty for him, and endeavour to obtain the appointment, which he felt would be shortly vacant. I did not oppose that arrangement, as Mr. Faulkner had assisted my father for fifteen years, and was highly recommended to the Privy Council by medical men of the highest respectability, and had proposed, if successful, to assist the widow. He communicated with the Privy Council, and in consequence Mr. Pearse was immediately sent to the station, and a polite intimation was given to Mr. Faulkner that his services were not required. A few days after my father's death Mr. Pearse was appointed; so it is evident no competition existed or was invited, as the vacancy was not made public.

Comment is superfluous. In common with many of my medical friends, I should like to ask why one man is allowed to hold more than one appointment of precisely the same character? I consider this is a question affecting the whole medical profession, and trust the matter will not rest here.

I am, Sir, your obedient servant,
PHILIP JOHN SIMPSON, M.R.C.S., L.S.A.
Gower-street, Bedford-square, December, 1867.

To the Editor of THE LANCET.

SIR,—In reply to "Fair Play," in your last impression, allow me to say that I have every reason to believe I was the only candidate for the vacant appointment at the Tottenham-court-road station. I made application to the Privy Council, and was strongly recommended by many medical men of the highest standing in the profession, whose names I withhold, but would give them if necessary. I received not the slightest reply, not even an intimation that my testimonials and application were received—a most unusual course, to my notion.

I may add that I acted for fifteen years as assistant at the vaccine station to Mr. Simpson, and during his last illness I made known his state of health, and the fact that I was then acting for him. I immediately received *congé*, and Mr. Pearse was sent to act until the appointment became vacant, and within a few days after that event he was appointed. I have no reason to complain that I was not successful; but I think, and many of the profession will also consider, that one medical man ought not to hold several similar appointments. If this rule is allowed, instead of the profession sharing the Privy Council appointments, we shall have one appointed for all London. If a vaccinator obtains a better appointment, surely he ought to vacate the other for the benefit of his less fortunate brethren.

Your obedient servant,
December, 1867. WM. FAULKNER, M.R.C.S.

Mr. Frederick Manby has written us a letter, in which he suggests that a subscription should be opened for the purpose of erecting a statue to the late John Propert in the grounds of the Medical College, and founding Scholarships to his memory, so that every orphan of a medical practitioner in the kingdom might receive a gratuitous education in the College. He suggests that this might be effected by the annual payment of one guinea from those whose practice is above £500, and half a guinea where it is less. The proposal is a most benevolent one, but we fear Utopian.

T. S. C.—Yes.

E. S.—A physician not holding a surgical diploma is ineligible for the honorary surgeoncy of a public dispensary.

Rubeola.—The best account is to be found in Dr. Angus Smith and Mr Crookes' Report, in the Report of the Cattle Plague Inquiry.

Dr. Wilbrand (Giessen) calls upon "Medicus," who lately asserted in THE LANCET that he was offered by a registered M.D. of Glasgow a diploma from Giessen for the sum of £32 10*s.*, to fulfil his promise of naming the person who was alleged to have been in possession of the diploma in question, in order that the authorities of the Giessen institution may take steps to expose the transaction.

E. F. F.—The apparatus invented by Mr. Christopher Jeaffreson, and now used for the treatment of fractures at the Royal Free Hospital, can be obtained of Messrs. Daniel Bax and Co., Holborn-hill, London, E.C.

ON THE USE OF CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—The letter of Mr. Ricketts, in your journal of November 16th, is, I think, calculated to convey a wrong impression to many of your readers. I, Sir, also am one of the "younger" and "obscure" members of the profession, and, like Mr. Ricketts, take a keen interest in any discovery which can be turned to a practical account.

It matters, I think, little to the profession whether Dr. Lemaire or Prof. Lister first applied carbolic acid surgically; but I think all will admit—and this is the important point to us—that Lister was the first (certainly in England) who boldly used the acid in those terribly fatal cases of compound fracture of the lower limbs, and obtained results which must have startled every surgeon in the land. As an hospital student, I used almost to shudder to see a case of compound fracture brought into the wards. We all know in how many cases, to spare a life, a limb has been sacrificed, and in how many less severe cases a conservative surgery has been regretted too late, when hectic fever had worn out the patient far beyond the hopes of recovery by amputation.

Now, Sir, can anyone reasonably doubt that Prof. Lister's published cases prove the efficacy of the carbolic acid treatment, almost beyond cavil, in cases of compound fracture? And I apprehend if his researches and experiments had stopped here, the profession, as a whole, would thank him with warm hearts for what we must consider in a large measure his own discovery. "He, however, becomes the true discoverer who establishes the truth." Whoever, therefore, resumes the investigation of an almost neglected plan of treatment, and gains such magnificent results as Lister has done, "may calmly and confidently await the acknowledgments of his rights in the discovery;" and just as we grant to Oken the discovery of the vertebral theory of the skull, though, doubtless, the philosophic Goethe had years before glimpses of the same great truth, so we ought, as practical surgeons, to give Lister his full due, in spite of the previous researches of Lemaire and others, the results of whose practice we must consider, as a whole, unsatisfactory and puny when compared with those attained by our own countryman.

Is not this almost proved, if we accept what Dr. Hingston stated at the Dublin meeting of the British Medical Association in August last, that, "in travelling last summer over the Continent, he had found that the use of carbolic acid in surgery was now being discontinued in places where formerly it was in vogue"?

As regards acupressure, in many cases its use prevents that terrible scourge in our hospitals—pyæmia. But however easy of application, it will, I think, be long before the profession, as a whole, will substitute it for the ligature. Carbolic acid, it appears, is easily applied; and granting, for the sake of argument, that in some cases (mammary tumours, &c.) its use is superseded by the skilled application of the needle, still the great majority of the profession, clinging to the old method, will, I think, gladly welcome the carbolic acid treatment as practised by Prof. Lister.

To Mr. Ricketts its application may seem "inelegant," and the Montreal professor may tell us it reminds him of the "olden and reprehensible system of dressing with some foreign body the whole raw surfaces of recent wounds—a practice that was followed two or three centuries ago, and which he fondly imagined was for ever banished from scientific surgery." But such opinions cannot alter facts, and I, for one, should feel it almost criminal to let such opinions deter me from prosecuting a plan of treatment which as yet holds out such new hopes of success.

I am, Sir, yours faithfully,
Chatteris, November 20th, 1867. ARTHUR HENSMAN.

To the Editor of THE LANCET.

SIR,—Of all the attempts that have yet been made to overthrow Prof. Lister's claim to originality in his mode of employing carbolic acid in the treatment of compound fractures, &c., not one, in my opinion, has been successful. With the writer of your leading article in THE LANCET (Aug. 24th, 1867), it may still be said to be "difficult to overrate the importance of what we may really call his discovery."

I would not trouble you with this communication in defence of Prof. Lister (especially as I know he is well able to defend himself) were it not that I had witnessed—nay, carefully watched—during the last winter many of the cases which he was treating with carbolic acid. Permit me, then, to add my testimony to the results which, compared with all I had ever witnessed in similar cases in the Glasgow Royal Infirmary before the use of carbolic acid—even when acupressure was used,—were truly "magnificent." In his elaborate communication, Sir James Y. Simpson has *not* shown that any surgeon ever anticipated Prof. Lister in his *mode* of using carbolic acid; consequently none ever got the *same results*. That carbolic acid had been often employed by Continental and even by English surgeons in the form of washes, lotions, or injections, no one ever doubted. But how different is M. Malsonneuve's lotion of 1 part in 100 of water to Prof. Lister's 1 in 4 of oil, or his paste? Is it the same thing to use a lotion simply as a disinfectant, and to use a liniment or paste in such a manner as to entirely exclude the air till the part is healed? It is not the mere use of carbolic acid (as the most casual observer who accompanied Prof. Lister round his wards could not fail to notice), but the *way* in which it is used, on which its great success depends. Perhaps, as Prof. Lister observes, any other disinfectant would answer the purpose equally well, *if used in the same way*. Is there not as much originality in Prof. Lister's mode of using carbolic acid as there is in Sir James Y. Simpson's mode of using needles in acupressure? The former was not the first to use carbolic acid in surgery; neither was the latter the first to use needles, though the method of applying them belongs respectively to the Glasgow and Edinburgh professors. I, for one, have no difficulty in distinguishing between the mere use of carbolic acid and the practice adopted by Prof. Lister; nor would it appear that those who have actually seen it, as done in Glasgow, have.

I am, Sir, yours respectfully,
JOHN DEWAR, L.R.C.S.E., L.R.C.P.E.
Great Wakering, Essex, November 18th, 1867.

AN UGLY CUT.

LAST week there came under Mr. Barwell's care, among the out-patients at the Charing-cross Hospital, a man whose hand was cut so deeply that the muscles at the ball of the thumb were completely severed. The cut, commencing at the middle of the palm in front, ran round the ball of the thumb to the back of the hand. He gave an account, which still further shows, if any additional evidence were needed, that ruffianism in our streets is assuming a worse and more savage aspect. The man in question was looking on at the burning of Her Majesty's Theatre, when he discovered a thief possessing himself of his watch. He seized him at once; but the rascal drew a knife, which he appeared to have ready for emergencies, and, without a moment's hesitation, endeavoured to sever the flexor tendons at the wrist. Indeed he inflicted a slight wound at this part; but a brisk movement saved further damage than that detailed. We are sorry to add that the robber escaped with the watch and some money.

Mr. Henry Grace, (Bristol.)—As yet no arrangements are completed in connexion with any of the projected new hospitals for paupers in London. Mr. Hardy's Act will probably require further modification before uniformity in the management of sick paupers can be attained.

Nobody.—Yes.

Inquirer may communicate with Mr. Morson, Southampton-row.

PORTRAIT OF SYDENHAM.

WE are informed that Dr. H. Forester, of Barnstaple, has in his possession a very fine portrait of Sydenham, which is said by competent judges to be the original of that in Pall-mall East. Dr. Forester has had the portrait in his possession for many years. It was painted by Mrs. Beale, whose son was for some time a pupil with Sydenham, and afterwards practised in Coventry. The painting is a signed one, having the following inscription upon it:—

"Thomas Sydenham, M.D.
Ætatis suæ 64.
Maria Beale pinxit, 16—."

We have authority to state that if persons interested in the matter be going near Barnstaple at any time, Dr. Forester will have much pleasure in showing the portrait; or he would not object to lending the picture to the College of Physicians or University College for a few months, provided its safety be guaranteed.

Mr. Thomas Adkins (The Booth, Northampton) acted judiciously in having his cattle properly vaccinated. His case may certainly be adduced as satisfactory evidence of the utility of the operation.

Dr. Edwin Green's letter shall be inserted next week.

TURNING OUT AT NIGHT.

To the Editor of THE LANCET.

SIR,—In reply to the letter of your correspondent, "Quilibet," I would advise him to provide himself with the following articles—viz., a Bachelor's Kettle to hold a pint, a bottle of Dunn's Essence of Coffee, and a pot of Liebig's Extractum Carnis. With these articles at hand, "Quilibet" will be enabled to make himself a cup of hot coffee or beef-tea in about four minutes.

Yours truly,

Puddletown, December 3rd, 1867. R. S.

Celsus.—Candidates who were referred at the professional examinations prior to the 8th of August, 1867, the date at which the regulation came into operation, are not affected thereby, but are on the same footing as new candidates. A candidate, therefore, who may have been referred any number of times before the 8th of August last, will be admitted to two more examinations without further payment.

A CORRESPONDENT at one of the towns in which the Contagious Diseases Act is in operation writes to us as follows:—

"In THE LANCET of November 30th, Sir J. Pakington is reported to have said that the Contagious Diseases Act, 1866, was a tentative measure. If the Act is on its trial, I think it my duty to inform you *how it is being tried here*. I am the visiting surgeon for this district, appointed by the Admiralty. Some time ago I received an order from the metropolitan police, who seem to have the entire management of the Act, 'only to examine public prostitutes *once in three months*, except such as were brought to me, by a detective specially employed for the purpose, *known or suspected to be notoriously diseased*.' The detective, on finding a soldier or sailor suffering from venereal disease, asks him to point out the woman who gave it to him. She is then brought up for examination, but is as frequently found healthy as diseased. This is how the Act is being tried here. Form your own opinion of what the result must be."

Crook, near Darlington.—The controversy which has been going on for some time in the pages of the *Durham Chronicle* respecting medical qualifications displays on the part of Mr. Carpenter too much animus. The correspondence is really of no interest to anyone but the writers.

Mr. William Slyman will oblige by forwarding to us at his earliest convenience a copy of the answer he received from the gentleman to whom we referred him.

An Old Subscriber.—The cost of a licence to receive *two* patients is £15 per annum. There is no licence required for one patient. It is only necessary to have two certificates of lunacy, and an order from a relative properly signed. The forms can be had from any stationer, or from Shaw and Sons, Fetter-lane, who are recommended by the Board.

Pix.—1. He must pass the preliminary examination. — 2. There is not a Medical Assistants' Club in London.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Curling; Dr. Ogle; Mr. T. Smith; Mr. R. Barwell; Dr. M'Intyre; Mr. R. Cuffe; Mr. Askew; Mr. Gosling; Mr. Gell, Aycliffe; Mr. Ashton, Stockton-on-Tees; Dr. Lister, Ashton; Mr. Rich, Airdrie; Mr. Phillips; Mr. Fitt; Mr. Elton; Mr. Higham; Dr. Cresswell; Mr. Salmon, Truro; Mr. Walters, Eynsford; Dr. Scriven, Lahore; Mr. Beatty, Ballymena; Mr. Streeter; Mr. Procter, Sheffield; Dr. Petrowski, Cracow; Mr. Sheppard, Worcester; Mr. Carner; Mr. Hamilton, Liverpool; Dr. Slyman, Newtown; Mr. Green; Mr. Manby, East Rudham; Mr. Wyld; Mr. Calvert, Manchester; Mr. Thomson, Wrenbury; Mr. Graves; Dr. Molyneux, Upholland; Mr. Salterthwaite; Mr. Miles; Dr. Dixon; Mr. Cahill, Jamaica; Dr. Muspratt, Liverpool; Dr. Wilson, Glasgow; Mr. Armley; Dr. King; Mr. W. J. Smith; Dr. Chaplin, Lewes; Mr. A. C. Wilson, Edinburgh; Dr. Macdonald; Mr. J. M. Taylor; Dr. Tidy; Mr. Thornicroft; Mr. Pooley, Ryde; Mr. Bruce; Mr. Faulkner; Dr. Haynes, Salisbury; Mr. Calthrop, Manchester; Mr. Kennedy, Portobello; Mr. Moore; Mr. R. A. Jones, Carnarvon; Mr. T. Richardson; Mr. Simpson; Dr. Easby, Darlington; Mr. Wightman, Belfast; Mr. Grace, Kingswood; Dr. Richard, Exminster; Messrs. Krohne and Sesemann; Dr. Swaby Smith, Seaforth; Mr. C. J. Fox; Dr. W. T. Watson; Mr. Muriel; Mr. Brietzcke, Sheffield; Dr. Poole; Mr. A. Jubb; Mr. A. Dickie, Glasgow; Mr. Latham, Dursley; Dr. Roberts, Manchester; Dr. Porteous, Liverpool; Mr. Kemp; Mr. Crofts; Mr. Kettlewell; Dr. Belgrave; Mr. J. Mitchell, Barrow; Mr. Pritchard; Mr. Goodier; Mr. Younghusband; Mr. Hall, Helmsley; Mr. Gale, Harborough; Mr. Comas; Dr. Fairbank, Lynton; Mr. Arnett; Mr. Bridgman; Dr. Puckle; Dr. Battye; Mr. Williams; Mr. Le Neve Foster; Mr. Symons; Mr. Johnson; Mr. A. Georgii; Dr. Tayler, Anerley; Dr. Waring-Curran; Bexhill; Mr. Serjeant; Dr. Barry; Mr. Kinglake, Weston-super-Mare; Mr. Brew, Brighton; Mr. Myers, Nottingham; Mr. Kettle, Birmingham; Mr. Farquharson; Mr. Slade, Portland; Mr. Shedd, Manchester; Mr. Brice, Tranmere; Mr. Robins; Mr. Neave, Falmouth; B. H.; An Old Subscriber; J. M. B.; D.; Pix; Celsus; J. S. H.; Rubeola; Nobody; Inquirer; L. M. D.; Medicus, Edinburgh; Principia; X. Z.; University of London; Scrutator; H. B. H.; A Subscriber; &c. &c.

THE *Surrey County Chronicle*, the *Times of India*, the *Western Daily Mercury*, the *Carnarvon Herald*, the *Durham Chronicle*, the *Charities Record*, the *Rhode Island Mercury*, the *Midland Counties Herald*, the *Carmarthen Journal*, the *Newcastle Daily Chronicle*, the *Gateshead Observer*, the *Argosy*, the *Western Morning News*, the *Wolverhampton Chronicle*, the *Wrexham Advertiser*, the *Mark Lane Journal*, the *Cambria Daily Leader*, and the *Surrey Times* have been received.

Medical Diary of the Week.

Monday, Dec. 16.

ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON. — 8½ P.M. Dr. A. E. Sansom, "On Limosis, with especial reference to Cholera."

Tuesday, Dec. 17.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Dec. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.

Thursday, Dec. 19.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Mr. Curgenven, "On the Effects of Malaria in Paddington."

Friday, Dec. 20.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.

Saturday, Dec. 21.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ P.M.